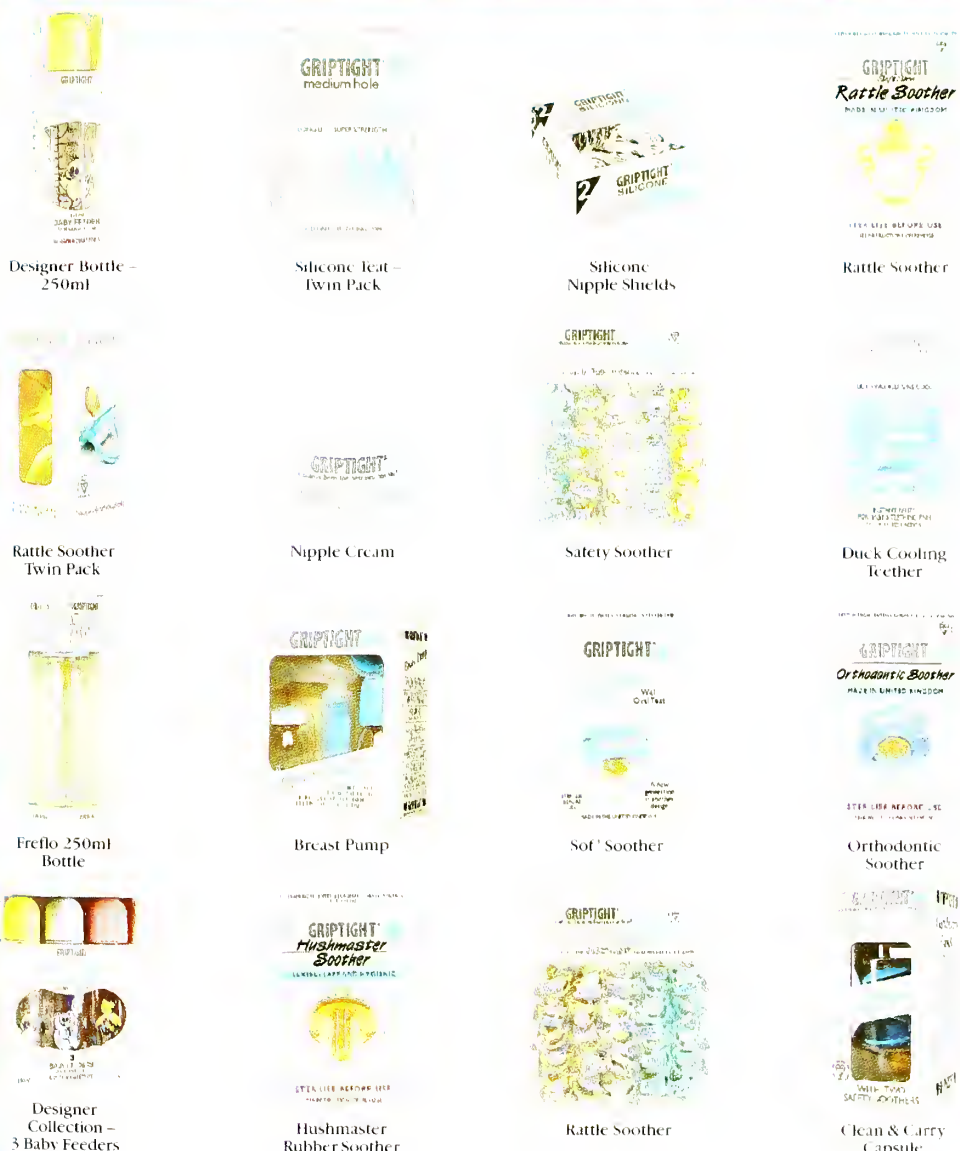


CHEMIST & DRUGGIST

The newswweekly for pharmacy

May 9, 1992



THE RANGE.

Quite simply the biggest
It's the range the market is
looking for its the style that
packs in the appeal, and the
packaging that demands to be
seen - and bought!

**GET ONTO
THE PROFIT LINE -
CALL 021 414 1122
(SALES DEPARTMENT)
TODAY!**

THE QUALITY.

Griptight brings you the selling power
of the British Standards kitemark
on most of our soothers too!
A standard of quality which carries
over into all our other products.



THE SUPPORT.

With national advertising, PR,
and big sponsorship promotions,
Griptight is the brand whole
generations know - and prefer
So make Griptight the brand you
stock and display

Lewis Woolf Griptight Limited.
144 Oakfield Road, Selly Oak.
Birmingham B29 7EE
Telephone 021 414 1122
Fax 021 414 1123 Telex 338666

Kilmaur GPs get lease for drug store

Birmingham milks scheme under threat

Pharmacy 'only on the fringe' of primary care

Athen's message from Vantage

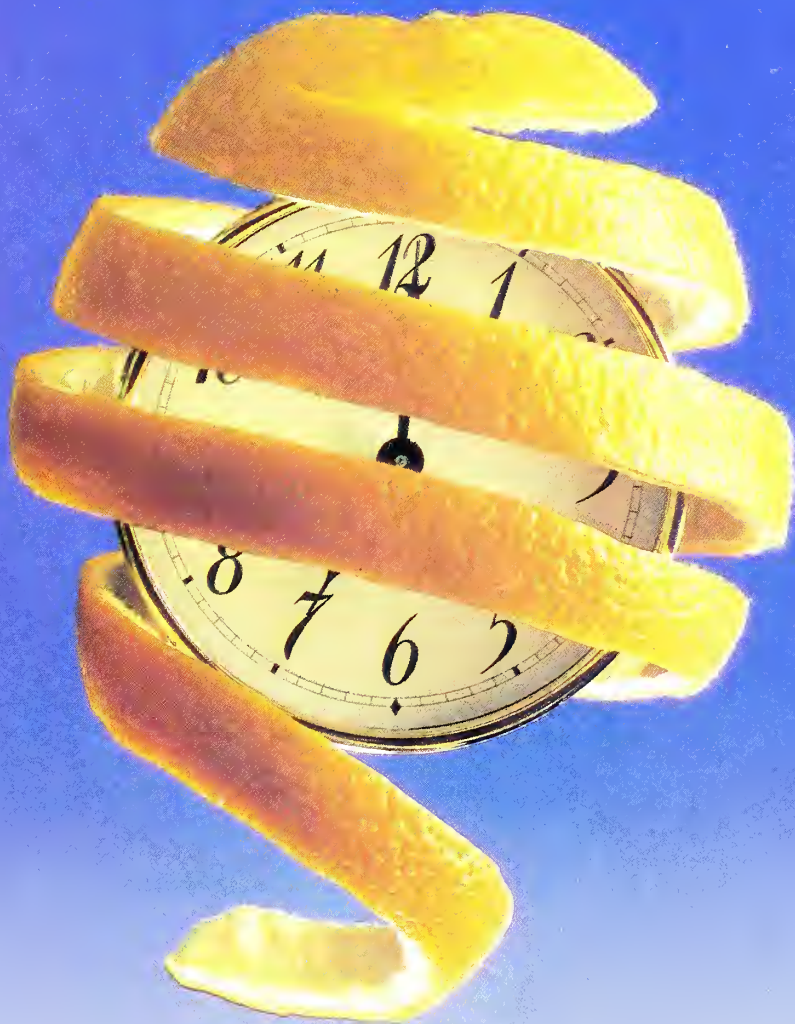
C&D training seminar on 'Headaches'

Taking the pain out of labour

Profit: What it really means

Unichem buy in Portugal: Dodd's final flourish

NOW EVEN MORE ORANGEY



New Fybogel Orange now tastes even more orangey, making it even more attractive to your regular customers. And as ever, natural, pleasant-tasting Fybogel Orange gently relieves the discomfort of constipation, as it restores bowel regularity.¹

Ispaghula Husk BP

A GENTLE START TO NATURAL REGULARITY

Indications: Conditions requiring a high-fibre regimen. **Dosage and Administration:** (To be taken in water) Adults and children over 12: One sachet morning and evening. Children 6-12 years: Half to one level 5ml spoonful depending on age and size, morning and evening. Children under 6 years: To be taken only on medical advice. **Contra-indications, Warning, etc:** Fybogel is contra-indicated in cases of intestinal obstruction and colonic atony. Each sachet contains 3.5g Ispaghula husk BP. **RSP Price:** 10 Sachets £1.25. **PL No.:** Fybogel 0044/0041, **Irish PA** 27/2/1, Fybogel Orange 0044/0068, **Irish PA** 27/2/2. **Reference:** Data on file, 394 Patient Study, Reckitt & Colman Products (1989) RME35003/012. Fybogel and the sword and circle are trademarks of Reckitt & Colman Products Ltd. Further information is available from Reckitt & Colman Products, Hull HU8 7DS.



Editor: John Skelton, MRPharmS
Deputy Editor: Patrick Grice, MRPharmS
Contributing Editor: Adrienne de Mont, MRPharmS
Business Editor: Zachary Goldring, MSc
News Editor: Jane Feely, PhD, MRPharmS
Beauty Editor: Sarah Purcell, BA
Technical Editor: Jacqui Brommell, MRPharmS
Art Editor: Tony Lamb
Price List Controller: Colin Simpson
Advertisement Manager: Frances Shortland
Assistant Advertisement Manager: Doug Mytton
Advertisement Executives: Julian de Bruxelles
Pauline Borda
Production: Shirley Wilson
Publisher: Ronald Salmon, FRPharmS
Director: Felim O'Brien

Published Saturdays by Benn Publications Ltd. (member, United Newspapers Group) Sovereign Way, Tonbridge, Kent TN9 1RW
Telephone: 0732 364422
Telex: 95132 Benton G
Facsimile: 0732 361534

Regional Advertisement Offices:
Manchester (North & Scotland):
Area Manager: Brian Carter
(061-881 0112)

Subscriptions: Home £95 per annum. Overseas & Eire £133 per annum including postage. £1.94 per copy (postage extra).

ABC Member of the Audit Bureau of Circulations

un A United Newspapers publication

GPs block new pharmacy in Kilmaurs by obtaining lease to open a drug store 768
Application fought by one of few large dispensing practices in Scotland

Welfare foods scheme under threat in Birmingham due to cash shortfall 769
Scheme seen by PSNC as a template for national use: LPC protests to Health Minister

Pharmacy still only on fringes of primary care team, says FHSA manager 770
The impact of GP fundholding on the delivery of pharmaceutical care discussed

Profit: what it really means 788
Turnover is vanity, while profit is sanity, maintains Eric Jensen

Further wholesaler consolidation to come 792
David Taylor addresses 10th Vantage Convention in Athens

Headaches — from sex to Saturdays 797
A C&D training seminar co-sponsored by Crookes

Taking the pain out of labour 801
The second article in an Update series on drugs and pregnancy

Unichem pay £4.95m for two Portugese wholesalers 805
Three month option taken on a third for a further £4.27m

Fisons consumer health division for sale 806
Sanatogen *et al* could raise up to £300m

REGULARS

Topical reflections	771
Prescription specialities	772
Medical matters	775
Counterpoints	776
News extra	786
Business news	805
Coming events	806
Classified advertisements	807
Business Link	813
About people	814

Comment

Many of the influences shaping pharmacy practice today would have been difficult to predict five years ago, when the Conservative's plans for reshaping the NHS were in their infancy. Although the concept of GP fundholders emerged early in the framework for the new system, some of the consequences for the delivery of pharmaceutical care are only now beginning to dawn on the profession's general consciousness. Those consequences go far beyond the easily assimilated idea that GPs will be given budgets with which they can buy services, some of which pharmacists can provide.

Speaking at the Vantage Convention (p794) NPA director Tim Astill said one of the unpredictable things about the NHS reorganisation is the attitude of GP fundholders to pharmaceutical services. It is an area which cannot be ignored by a practice run on quasi-commercial lines: too much money is involved. The dispensing doctor problem might have only just begun, he suggested. Clive Parr, the general manager of Hereford & Worcester FHSA, has highlighted the fact that the report on Future of Community Pharmacy had failed to address the impact of GP fundholding on community pharmacy (p770). His personal views are illuminating. Patients, he argues, prefer the on-the-spot service from a one-stop health centre. They can see the practice nurse there, the

physiotherapist, the dietician, the chiroprapist, so why not a pharmacist? But he does not advocate doctor dispensing, rather pharmacists and doctors working together under the same roof. Unless GPs and pharmacists move voluntarily towards such an arrangement the Government, as the patient's representative, will take a lead, he suggests.

While there is, no doubt, a great deal of scope for a pharmaceutical service integrated into a large one-stop health centre, there will always be a place for the traditional style High Street pharmacy. Mr Parr acknowledges that pharmacies are the most widely used NHS premises. It will take consumers a long time to get used to the idea of going to a health centre to buy an OTC medicine, especially if they are not registered there. Perhaps Boots' apparent policy of targeting new GP surgeries for contract applications is not so far off the mark. Perhaps GP fundholding will herald the advent of two distinct types of pharmacy. One located within the health centre, providing dispensing services, monitoring prescribing habits and drug budgets and in intimate contact with other members of the primary care team; the other in the High Street providing OTC medicines, aids for the elderly and domiciliary services to residential homes and sheltered housing which may be served by more than one practice.

Doctors' "drug store" may block Kilmaurs pharmacy

Doctors at the centre of the Kilmaurs rural dispute may have succeeded in blocking a pharmacy application by obtaining a lease for a drug store.

According to local Press reports, moves by the GPs to secure the lease for those premises earmarked for the pharmacy, are all but complete.

The application for inclusion on the pharmaceutical list was specifically for the site of the former hairdressers at 32B Main Street, Kilmaurs. Reports suggest that GPs at the town's East Park Drive Health Centre now plan to open a drug store on the site, selling toiletries but not dispensing prescriptions.

Gordon Nixon, divisional manager of primary care services at Ayrshire and Arran Health Board, said he was aware of the reports and had contacted the pharmacist involved asking for clarification of the situation. He had received no reply when *C&D* went to Press.

The application had been approved by the Health Board's Pharmacy Practices Committee, and the decision upheld when the doctors appealed against it, he said.

The premises had been included on the provisional pharmaceutical list and would have been transferred to the full pharmaceutical list once all the criteria for registration had been satisfied.

Mr Dixon said that his understanding of the regulations meant that if the premises named in the original application were no longer available, the whole procedure would have to start again.

Neil Duff, secretary of the Ayrshire & Arran Chemist Contractors Committee, told *C&D* that, as far as he was aware, the doctors had secured the lease to the premises sought by the pharmacist.

The local doctors were extremely upset about the pharmacy application, he said, and had gone to lengths to try and stop it. There had been a "tremendous hate campaign" against the idea of a pharmacy in the town.

Jack Buntan, chairman of the CCC, also said he understood that the doctors had the lease and that the pharmacist would not be proceeding with the application.

"We always recognised that it

would be a very difficult situation because Kilmaurs is one of a very few large dispensing practices in Scotland," he said. "We are disappointed that the public won't be getting a pharmacy."

Graeme Millar, chairman of the Pharmaceutical General Council in Scotland, said it was a situation that could arise in other rural disputes.

"I am greatly concerned that this seems to imply that you have to own the property or have the lease signed, sealed and delivered before an application is made," he said.

"It's disappointing because I

don't believe that the pharmacist, in making the application and having it granted, was doing anything other than enhancing the pharmaceutical services in the area," said Mr Millar. He questioned whether the opening of a drug store in the town would have the same effect.

The PGC is keeping an eye on the other approved rural application in the Bridge of Earn (*C&D* April 25 p665), in light of threats by the doctors involved to take a review of the regulations to either the Court of Sessions or the European Commission.

Solihull pre-payment scheme kicks off

A scheme allowing pharmacists in Solihull to sell prescription pre-payment certificates, launched on April 1, is already proving a success.

Some 28 of the Solihull's 34 pharmacists are participating in the voluntary scheme and another four are expected to join next week. Helen Hartley, quality services manager at Solihull Family Health

Services Authority told *C&D*.

There has been a good response from the public who are starting to purchase their certificates from pharmacies, she said. Many people had previously been unaware that they could save money in this way.

Pharmacies involved in the scheme are given a poster to advertise the service. Further posters are displayed in doctors' surgeries and public libraries.

Society slips into the red during 1991

The Royal Pharmaceutical Society was in the red by almost £500,000 last year. The "Report of the Council for 1991", published last week, shows that the Society's deficit for the year to December 31, 1991 was £493,000 compared with a surplus of £241,000 for the previous year. In 1990 the Society was saved from deficit — although a much lower one — by a tax adjustment of £0.5m relating to 1986-90.

The Society is unable to comment on the accounts before

they are presented to the annual meeting next Wednesday evening. But a full version, which gives more details than the abridged accounts published last week, is available from the director of finance.

This shows that office expenses and salaries went up by £96,000 to £828,000, although maintenance of the Society's premises fell by £3,000 to £441,000. Expenses and attendance fees for members of Council and the Scottish and Welsh Executives increased by £25,000 to

£264,000. Under the category of "membership organisation", branch grants increased but spending on representatives' meetings and conferences fell by £56,000.

Costs of maintaining the registers went up by £71,000 to £522,000, while inspectors' and agents' salaries and expenses increased by £74,000 to £811,000. Spending on public relations went up from £96,000 in 1990 to £116,000.

Home visits on the agenda

The Government is ready to consider proposals to encourage more pharmacists to deliver prescribed drugs to housebound patients.

As the first session of the new Parliament opened on Wednesday, Mrs Virginia Bottomley, the Health Secretary, made clear her concern about the need to improve the service available to elderly and other patients who have difficulty in reaching shopping centres.

With increasing emphasis on community care, Mrs Bottomley is anxious to encourage measures which will enable elderly people to live as independently as possible in their own homes. Mr Tim Yeo, recently appointed Health Under-Secretary, has been given specific responsibility for ensuring the smooth implementation of the community care programme.

While Mrs Bottomley expects more hospitals to seek trust status outside the control of local health authorities and more family doctors opting to manage their own budgets, she is looking for a period of stability in the NHS as the political controversy over the reforms introduced in April 1991 fades.



Colehill reclassified

Pharmacists in Dorset have welcomed the decision of the national appeal unit that Colehill, near Wimborne, should be reclassified as an urban area.

Colehill, although essentially a suburb of Wimborne, is a densely populated area with a population around 1,000 higher than Wimborne itself. Roger King, secretary of Dorset Local Pharmaceutical Committee told C&D.

The LPC presented what they felt was a strong case for the area to be reclassified from rural to urban but Dorset Family Health Services Authority rejected the submission. The case then went to appeal.

An oral hearing, held in December last year, again saw the LPC confident of success and this turned out to be the case, said Mr King. Official confirmation that the appeal had been upheld was received at the end of April.

However, Colehill will have to wait for its first pharmacy. An application by local pharmacist Mr Tan, is still the subject of another appeal. The original application was turned down by the FHSA under the "prejudicial to medical services" clause but this decision was also overturned on appeal.

The FHSA then approved the application as "necessary and desirable", which, under the old regulations, the Local Medical Committee then appealed against.

Dismissing the LMC's move as a delaying tactic, Mr King said that he understood the appeals unit had come to a decision on the case and that official notification was expected to be available by the end of the month.

"We feel we have been vindicated in our approach to Colehill," he said. "We are happy in respect that we feel we got it right, but unhappy that this is another decision taken by Dorset FHSA contrary to the spirit of the regulations."

NHS exhibits in Ebbw Vale

The NHS in Wales is using the Garden Festival in Ebbw Vale to promote the benefits of a healthy lifestyle and to give visitors an insight into today's Health Service.

The organisers believe that the "Our Living Future" Pavilion provides a unique opportunity to reach the public over the festival's five months. In addition to health promotion, the exhibition will also promote the range of careers available within the NHS.

Features of the 1,000sq m pavilion include a 360 degree screen audio-visual theatre, electronic interactive exhibits, live demonstrations, and the Heartbeat Cafe — a healthy eating restaurant.



The School of Pharmacy, University of London, is to get a Chair in the Practice of Pharmacy through the support of NE and NW Thames RHA, announced by the Dean, Professor A.T. Florence, at a ceremony on Wednesday to mark the 150th anniversary of the founding of the School. The Chancellor, IHR The Princess Royal, in her address, spoke of the pharmacist in the "front line in healthcare" (full report next week). Princess Anne is seen above in the School's "pharmacy" with (left to right) students Adeyemi Adefranye and Douglas Banning, and tutor Janie Sheridan

Welfare foods scheme threatened

A successful scheme to distribute welfare foods, including baby milks, through community pharmacies is under threat because of a shortfall in reimbursement from the Department of Health.

The South Birmingham scheme, set up over a year ago, is seen by the Pharmaceutical Services Negotiating Committee as a template for national use, LPC secretary Trevor Solomon told C&D.

Under this system, mothers are either given vouchers which can be exchanged at the pharmacy for baby milk without payment, while those receiving family credit will pay a contribution to the cost of the milk.

The scheme has proved very popular with an increased uptake of over 20 per cent compared to the old system when milks were available through distribution centres, he said. This is now under threat because of financial problems at the controlling Health Authority.

Although mothers can choose which milk they have under the scheme, the Health Authority reimburses the pharmacists with the cost of SMA Gold Cap plus a 7.5 per cent handling charge.

According to Mr Solomon, the Department of Health does not include this 7.5 per cent when it then reimburses the Health Authority. In addition, the DoH does not reimburse at the price which the HA pays to the pharmacists for the milk, he said.

The result is a shortfall between the money received from the DoH and that paid to contractors by the HA. Mr Solomon has written to Secretary of State for Health, Virginia Bottomley, pointing out the situation.

"For over a year, the mothers of South Birmingham have enjoyed this facility," he said. "If the scheme

collapses, the Health Authority will have to restart distribution through their own centres which means expense in holding stock, employing people to distribute the milks and less convenience for mothers."

PSNC's Stephen Axon said the situation in South Birmingham was always a possibility when there was an open ended commitment, and it was not known how many people would take up the scheme.

"It would be a great blow for patients if the scheme collapsed," he said. Although he had been accused of being negative, Mr Axon said it was not good having schemes going off "half-cooked" because that would not help patients. It was important to have a scheme that worked properly, he said.

Mr Axon said he hoped such initiatives would stand apart from general remuneration negotiations. "It will be a great missed opportunity if, because the Department and PSNC can't agree on negotiations, other initiatives are put on the back burner."

Mary Allen, head of information at the National Pharmaceutical Association, said there appeared to be a misunderstanding over the provision of funding for distribution costs within the Health Authority. However, she expected that in the general atmosphere of co-operation over this particular initiative so far, it should be possible to resolve the misunderstanding quickly, provided it is brought to the attention of the correct people within the Department of Health.

"We are very happy to see the Department of Health looking at introducing this scheme centrally," said Ms Allen. "It would be a pity if the South Birmingham scheme, set up by innovative pharmacists, were to fail at this stage."

Hazelgrove expand drug disposal

Fareham-based Hazelgrove Dispatch Partnership have extended their drug disposal service to include all of Hampshire, Guildford and all areas within the M25 boundary.

The monthly service to collect and dispose of all unwanted medicines from local pharmacies was launched in Hampshire November 1990.

Once a month, Hazelgrove, who are registered carriers of waste, collect up to 5kg of medicines per pharmacy and dispose of them via an approved incineration service. All official paperwork is supplied together with full instructions, says the company. The cost equates to £20 a month.

For further details about the Hazelgrove service, contact them on 0329 287634.

Needle logo

The Executive of the Scottish Department of the Royal Pharmaceutical Society has agreed that the design of the Community Drug Services scheme in Leicestershire should be adopted by Scottish pharmacies participating in needle exchange schemes.

New spokeswoman

Miss Liz Lynne, MP for Rochdale, has been appointed as the Liberal Democrat spokeswoman on health and community care in the Commons. She succeeds Charles Kennedy, the party president, who has been appointed one of the party's spokesmen on Europe and East-West relations.

Diabetes pack

The next campaign for the Pharmacy Healthcare Scheme will deal with diabetes. An information pack will be distributed at the end of May, dealing with the problems and questions that diabetics might ask pharmacists.

NI prosecution

Maurice Kettle, a farmer of Drumcaw, Lisnaskea, County Fermanagh, was prosecuted by the Department of Health and Social Services on April 8 for offences under the Medicines Act 1968. He was fined £2,000 plus £2,278 costs in respect of four charges relating to the administration of clenbuterol, ("angel dust" or "magic powder") to animals.

Epilepsy data

The British Epilepsy Association has launched Epdata, a data service to assist the medical profession and others in the medical and social management of epilepsy. The database provides access to over 13,000 scientific papers relating to epilepsy and is supported by Marion Merrell Dow. It can be accessed by calling 0532 444798 between 12.30 and 4.30pm.

The impact of GP fundholding on the delivery of pharmaceutical care means the two professions will increasingly be working under the same roof, argues Clive Parr, general manager of Hereford & Worcester FHSA. In this extract from his recent address to the College of Pharmacy Practice, he gives his personal view of the profession's future

Under the same roof

Ask any group of pharmacists whether they are members of the primary care team and the answer is a resounding "yes". The reality is somewhat different. My view is that at present pharmacists are only on the wider fringes. This is bad for the profession, bad for the NHS and bad for patients.

Community pharmacies are the most widely used NHS premises. On the whole there is widespread satisfaction with their services, although there have been one or two disturbing surveys over the past 12 months. It is surprising that a much more positive integration of pharmacy services with the rest of primary care has not occurred.

The current changes in the NHS have fundamental implications. Can you adapt — better still can you influence change? Will your leaders be fast enough on their feet, or will they try and fight a rearguard action against government, consumers and the medical profession? If a rearguard action is fought, you will lose it, as the public and the NHS require a different sort of pharmaceutical service and will continue to do so in the years ahead.

The report of the Joint Working Party on the Future Role of Community Pharmacy was an excellent resumé of where pharmacy has got to. Having said that there are two major and glaring omissions.

The question of how pharmacy will integrate with the changing face of primary care is hardly touched upon. There is passing reference to liaison with GPs and working together with other members of the primary care team, but little practical advice as to how this desirable objective should be brought about. The most fundamental question currently facing pharmacy has therefore been ducked.

The other criticism I have of the report is that it omits altogether any reference to the impact GP fundholding might have on the delivery of pharmaceutical care.

Primary care teams have been developing in general practice for several years, to include nurses, physiotherapists, dieticians, etc, but not, I am sad to say, to any great extent, pharmacists. Surely pharmacists ought to be key members of such teams?

But to be so they need to embrace their wider role, monitoring GP prescribing habits, linking to colleagues in the hospital service, advising patients, developing formularies and



screening patients for a variety of conditions, as well as dispensing prescriptions. This is the way ahead for pharmacy.

There is a longstanding squabble between the medical and pharmaceutical professions about who should dispense for patients. My own view is that it should be pharmacists — but here is the big cultural shift — I believe that increasingly dispensing should take place within healthcare premises rather than separate pharmacies.

I am not in any way saying doctors should undertake such dispensing, or even have direct responsibility for it, but it seems to me inevitable that pharmacists and doctors will increasingly work together under the same roof in the years ahead.

There is the issue of one stop shopping. I know it will be a disappointment to you, but it seems to me that the majority of the public would prefer to obtain their drugs from the same premises as they obtain their other medical advice.

It is important that pharmacists have a visible role. I envisage the pharmacy department being an integral part of the premises, central to the whole operation, with easy access to the public and complementing the services provided by other health care workers.

The most important reason why the move towards one stop primary health care is inevitable, is the growth of GP fundholding practices.

The three elements of their budget are made up firstly of anticipated hospital costs, secondly staff costs and lastly drug costs. These are cash limited sums: the GPs have a real budget to manage rather than an indicative amount.

"Most of the public would prefer to obtain their drugs from the same premises as other medical advice"

Fundholders also have the power to determine expenditure between, say, drugs and staff, and as such will increasingly see pharmacists as vital in managing and developing drug budgets. Cost effective prescribing will mean more money being available for other patient care.

The number of patients covered by fundholding practices during their first year was relatively small, about 7-8 per cent. There is huge interest in the third wave, and the percentage of patients covered is likely to rise to 70-80 per cent in parts of the country by next April.

It is vital that pharmacists come to terms with the dynamics of fundholding. Patients will find it increasingly odd that they can obtain on-the-spot in-house services from doctors, nurses and chiropodists, to name a few, but not

apparently pharmacists.

Another welcome development over the past year, which again points in the direction of involving pharmacists more closely in primary care teams, has been the concept of providing primary care services as a substitute for hospital care, which will increasingly be seen as an essential, but nevertheless subordinate resource.

This will take time and I am not suggesting retail pharmacy as we know it will shortly come to an end. However, I do believe the writing is on the wall.

The third party in the squabble between doctors and pharmacists over who should dispense is the patient. Where patients have been given the choice, the overwhelming evidence is that they would prefer an on-the-spot service from within the surgery, largely I suspect, because they find it convenient. Can we go on ignoring patients' wishes indefinitely within the NHS?

Patients find the current system, and the rules that underpin it, incomprehensible. They cannot understand why members of the same family who live a couple of hundred yards further than a mile from the nearest pharmacy are allowed to have their prescriptions dispensed at the surgery.

It's no use telling those patients that it is the law. They think it is a carve up between the two professions against their interests, and I suspect they may well be right. I am not advocating doctor

dispensing. But there is a need to bring the two professions under one roof.

To exhort them to talk together about this issue, as successive governments and inquiries have done, is whistling in the wind. They haven't done it and they won't. The Government, as representative of the patients' interests, needs to take a lead.

Another reason for the closer involvement of pharmacists in primary care teams centres around the subject of diagnosis. We all know that patients customarily use pharmacists to diagnose minor illnesses. However, there is disturbing evidence that postgraduate training is poor.

Hopefully, following the establishment of the steering committee on pharmacy postgraduate education, the situation will improve. It certainly needs to. The overall level of provision for continuing education is, to say the least, patchy, and for community pharmacists, quite frankly, a disgrace.

Concern over quality of advice

The profession is open to the severest criticism for not addressing this issue earlier as there are some grounds for concern about the quality of some of the advice offered to patients. We must create the environment where pharmacists can take regular advantage of postgraduate courses.

A further reason for pharmacists to become fully committed members of the primary care team relates to the availability and the sharing of records. There is a danger in the NHS of everyone creating record systems for the same group of patients. In medical practices patient records are frequently computerised and increasingly available to members of the primary care team, and this is as it should be.

There would be little need for pharmacists to maintain separate records if they were working alongside family doctors and others in the same premises. The British Medical Association has put forward the idea that medical partnerships as we know them might come to an end to be replaced by partnerships of professionals who would contract with the NHS to provide a range of services for a group of patients.

I am not sanguine that pharmacists are ready to pay more than lip service at the moment to encouraging closer liaison with other health workers. Regrettably the suspicion generated over doctor dispensing has not made it opportunistic for either profession to take a lead in developing effective contacts.

Unless you do take steps in the direction I have outlined it is inevitable that sooner, rather than later, the Government will be obliged to take a more radical lead in developing fully comprehensive primary health care teams.

Elida Gibbs lose goodwill

My hatred of coupons has not diminished with time, and was intensified this week as I innocently handed over a trial size Free Spirit Impulse spray to the first young lady customer on Monday morning in exchange for a very realistic coupon from Elida Gibbs. The evidence of my crime was immediately detected by Doty when she opened the till and scathingly informed me that since I had "not been selected" the coupon was invalid.

On reading the small print it seems that the list of who's who in the toiletry world listed, I assume, in order of customer priority, is now Boots, Superdrug, Asda, Tesco, Lloyds Chemists and Supersave Drugstores, and then other selected stockists. I used to be included as "other chemists" but have now been demoted to non-existence!

The result has been chaos. Boots *et al* are now out of stock and my customers, presenting these vouchers for a product I have in profusion on the shelves, have to be informed that they cannot use their voucher but must pay the 59p I am legitimately charging. Tell that to the Marines. They cannot understand the problem and resent my lack of co-operation. I have, once again, lost customers and goodwill to my multiple competitors and receive the blame for Elida Gibbs' arrogant dismissal of the independent chemist. I used to feel that Elida Gibbs, of all companies, treated the chemist fairly. No more! A lot of time and effort will be required from their PR department to heal this particular wound.

Getting the message on medicine display

A story that hits the editorial pages of both of pharmacy's weekly journals simultaneously must be unusual, and the Weldrick Group in Doncaster must be overwhelmed by their

exposure last week.

Their experiment was superficially simple — to investigate the impact of expanding medicine displays and the self-selection of medicines within the guidelines of the Royal Pharmaceutical Society — but in retrospect fundamentally significant. The result may have been flawed statistically but it still showed plainly that the customer's perception of the community pharmacy as a source of advice and health related products is improved with increased display.

Community pharmacy has steadily evolved its marketing techniques in order to compete with other retailers but the basic range of stock has remained very similar, whether that pharmacy has been a 10,000sq ft store in the high street or the smallest of community pharmacies on a local housing estate. Critical examination of my shelves shows that I derive 80 per cent of my sales from 50 per cent of my space because I refuse to accept that cosmetics, perfumery and toiletries are no longer my stock leaders.

These general markets have been eroded by my competitors while I have subordinated my strength in the medical field to the apparent commercial necessity to fight the toiletry battle. Weldrick's have shown that this premise may be false and all along we have been underestimating the public's desire for a more professional service. I have been fired with their enthusiasm and intend to emulate immediately their good example.

Time to put PMRs to better use

Many months ago I invested in a new dispensary computer system which allowed me, for the first time, to store comprehensive patient medication records. The service has been well received by my clients, particularly those who come to me regularly, and they all understand the advantages of this extra check on their medication profile.

I am, however, not alone in this small town and the other pharmacies also keep these records. Many customers on being given their plastic card, imprinted with their personal number, add it to their growing collection, with the more astute also questioning the necessity to show the card each time. Some also realise that to be effective the system requires the patient to always frequent the same pharmacy which may not be their preference on all occasions.

I have always been in agreement with this view and feel that the registration necessary to enable true comprehensive records to be maintained would be an unfair restriction on the patient. The answer must lie with the smart card, with which a successful trial was conducted a few years ago. The price of hardware has now plummeted to the point where a comprehensive national scheme should be contemplated. Most pharmacies already possess powerful IBM-compatible machines and if the Department of Health would commit itself to funding the hardware update necessary to read and write on to these smart cards, a truly worthwhile patient medication record system could be quickly achieved.



Topical REFLECTIONS

Scriptspecials

New lower dose Elantan LA

Schwartz Pharma have introduced Elantan LA 25, a once daily, low-dose isosorbide mononitrate capsule for the prophylaxis of angina pectoris.

Elantan LA 25 contains 25mg of isosorbide mononitrate in a slow release formulation. Like Elantan LA 50, micropellets deliver the mononitrate in two steps; 30 per cent of the dose is released in a non-sustained form for a fast onset of action; the remainder is released over a 6-8 hour period.

This slow release action is designed to help overcome nitrate tolerance during chronic therapy. Nitrate plasma levels 17 hours after an oral dose fall below tolerance levels, however the company do not claim efficacy during this time.

Elantan LA 25 is recommended as a starting dose for new angina patients or for elderly patients who may require a lower dose of mononitrate. It can be used instead of 10mg isosorbide mononitrate twice daily.

One capsule of Elantan LA 25

should be taken in the morning, swallowed whole. For patients with higher nitrate requirements the dose may be increased to two capsules taken simultaneously. Elantan LA 25 should not be given to children. Warnings, contraindications and side-effects are as for Elantan LA 50; see Data Sheet.

Elantan LA 25 are dark pink/light pink opaque gelatin



capsules marked Elantan LA 25 (28, £7.00 trade). They are classified as Pharmacy only.

● Although Elantan LA25 are marked LA25, Elantan LA50 are not currently marked with a strength, although future batches will be marked LA50. Both strengths are two-tone pink, but are different shades. **Schwartz Pharma. Tel: 0494 772071.**

Zirtek to UCB

The antihistamine Zirtek is now marketed by UCB, a pharmaceutical company headquartered in Brussels. Glaxo will continue to distribute Zirtek until their stocks are exhausted; after this distribution will be by UCB (Pharma), the UK subsidiary of UCB. For further information, contact **UCB (Pharma) Ltd, Star House, 69 Clarendon Road, Watford, Hertfordshire, WD1 1DJ. (tel: 0923 248011).**

Relifex change colour

The film coating of Relifex tablets has been reformulated without erythrosine; as a result the tablets now have a darker red colour. Current stocks may be used until exhausted, say **Bencard, a division of Smithkline Beecham. Tel: 0707 325111.**

Imigran to extend

Glaxo Pharmaceuticals Ltd have been granted a licence to market the oral formulation of Imigran for the treatment of migraine, and are expected to launch the product by June. **Glaxo Laboratories Ltd. Tel: 081-990 9444.**

Napp extend MST Continus

The range of MST Continus tablets has been extended with the introduction of 5mg and 15mg strengths of controlled release morphine sulphate.

MST Continus is indicated for the relief of severe and intractable pain. Napp say the new 5mg strength, the lowest in the range, will help provide analgesia in special circumstances such as paediatrics. The 15mg tablet is intended to give more dose flexibility and is also indicated for the relief of post-operative pain in adults.

MST Continus should be taken at 12 hourly intervals, swallowed whole. Dosage is dependent upon

the severity of the pain, the patient's age and previous history.

Like the current range, the new strengths are film-coated, biconvex tablets, marked with the Napp logo on one side and containing morphine sulphate within a patented controlled release system. MST Continus 5mg are white, marked 5mg on the other side while the 15mg strength are green, marked 15mg. The tablets are blister packed (60×5mg, £4.62; 60×15mg, £13.50, both prices trade). All strengths are classified as CD (Schedule 2) POM. For warnings see Data Sheet. **Napp Laboratories. Tel 0223 424444.**



Medical Matters

Men's healthcare is being neglected, suggests survey

Men are better informed about the female body than they are about their own, a survey has shown. While 87 per cent know the function of the ovaries, only 32 per cent know what their prostate glands do.

The Mori poll concluded that men's healthcare is a much neglected area. Media and medical attention had increasingly focused on women's issues such as premenstrual tension, cervical smears, breast examination and the menopause.

The lack of knowledge of the function of the prostate, for example, is worrying because one in three of men over the age of 50 will suffer from benign prostatic hyperplasia. In 1990, 8,098 men died of prostate cancer — more than four times the mortality rate from cervical cancer.

Despite this, GP consultations for male-related conditions are low with women consulting their doctor about female-related conditions approximately four times more often, the survey found.

Commenting on the findings, GP and media doctor Dr Hilary Jones suggested that this may be because the male "machismo" curbs consultations, and

discussions about male conditions are viewed as taboo. It may also be because men have a low awareness of their own body and conditions which relate to it, he said.

A smoky complexion

New evidence that smoking is bad for the complexion appears in April's *International Journal of Cosmetic Science*.

Researchers at Tel-Aviv University investigated the effects of smoking on skin moisture and surface lipid levels by studying data collected from 576 female clients at a cosmetic parlour. Women who smoked 11-20 cigarettes per day showed significantly lower stratum corneum moisture levels than non-smokers while those who smoked 10 or less showed slightly lower levels. There were no statistically significant differences in lipid levels.

The researchers believe the findings will be useful in anti-smoking campaigns, as any relationship between smoking and skin ageing might persuade more women to give it up.

Continued on p775

DUCT INFORMATION

AMOL Tablets

1 tablet contains
dihydrocodeine tartrate BP
7.46 mg and paracetamol BP
500 mg.
For the treatment of
headache, migraine, feverish
conditions, period pains,
toothache and other dental
pain, backache, and other
muscular aches and pains.
Dosage. Adults: 1 or 2 tablets
may be taken every four to
six hours. No more than eight
tablets are to be taken in any
24 hour period.
PARAMOL is not indicated for
children under the age of 12.

IF SYMPTOMS PERSIST

MEDICAL ADVICE

SHOULD BE SOUGHT.

asthmatics and those
with breathing difficulties
are advised to consult their
doctor before taking
PARAMOL.
Each pack of PARAMOL
contains 12 blister-packed
tablets.
In category P.
Product licence no.
PL 177/0190.

APP

Consumer Products Division
Napp Laboratories Ltd.
Napp Science Park
Napp Bridge CB4 4GW, UK
Member of Napp
Pharmaceutical Group
The NAPP device and PARAMOL
are Registered Trade Marks.
© Napp Laboratories Ltd 1992

DIHYDROCODEINE WITHOUT STRINGS



For a long time you've been waiting for a new kind of analgesic that could give a new level of relief. Now it's yours. And, at last, you can call upon the power of dihydrocodeine. New PARAMOL has been specially reformulated with dihydrocodeine tartrate BP 7.46 mg and paracetamol BP 500 mg and is now available for P status sale direct to your customers. And as dihydrocodeine is recognised as being more powerful than codeine, PARAMOL is a powerful new combination for the short term treatment of the sort of pain that's too much for simple analgesics to cope with.

PARAMOL. A new power to fight pain.

And a new power in the pharmacy.

NEW DIHYDROCODEINE & PARACETAMOL
PARAMOL[®]

Finally, Pharmacists Have The Power
They've Always Needed.

CREAM E45 NOW HAS EVEN MORE GOING FOR IT.



Cream E45 has been soothing dry skin for nearly 40 years. Millions of satisfied users bear witness to the success of this

efficacious emollient, recommended and prescribed for the relief of a wide range of dry skin conditions.

And now we've modified its formulation to include hypo-allergenic lanolin.

Lanolin is an excellent moisturiser described by an eminent dermatologist as "...a marvellous material", "...among the most marginal sensitisers in all of clinical medicine."¹ The lanolin in Cream E45 has been purified by reducing natural free fatty alcohols and by removing detergent and pesticide residues.

Clinical trials prove the success of the modified formulation. They show that Cream E45 is now acceptable to the majority of lanolin-sensitive people² and is effective in the relief of a wide range of dry skin conditions, from psoriasis³ to the dry stages of eczema⁴.

That means you can recommend the soothing emollient properties of Cream E45 to even more people.

For further information and detailed trial results, write to: E45 Information Pack, PO Box 12, Nottingham, NG7 2GB. References: 1. Kligman, A.M., Contact Dermatitis 1983: 9: 99-107 2, 3, 4. Data on file.

NOW WITH HYPO-ALLERGENIC LANOLIN



Danol: a first for hysterectomy alternative

Surgical destruction of the endometrium is emerging as an attractive alternative to hysterectomy. It is believed to be less traumatic, short term morbidity is lower, and surgeons are hopeful there will be few long term complications.

And now the synthetic steroid Danol (danazol) is the first agent to be granted a licence for pre-operative thinning of the endometrium, a technique which is essential to ensure good results with

surgical destruction.

During a normal cycle, the endometrial thickness varies from 3mm immediately after menstruation to 7mm immediately before. Danol has been shown to reduce endometrial thickness to 1.2mm.

Endometrial destruction is usually carried out using a laser or resectoscope, however these techniques only penetrate to a depth of around 4mm. This restricts the times the operation can be

carried out, and makes it logistically difficult to arrange surgical lists.

A three to six week course of 400-800mg Danol daily has been shown in extensive clinical trials to thin the endometrium to a level which allows quick and easy surgical destruction of the endometrium.

Sanofi Winthrop say that up to 70 per cent of women with intractable menorrhagia who would previously be considered as hysterectomy candidates could be eligible.

Ofloxacin is 'cost-effective'

Oral ofloxacin is the most cost-effective way to manage patients with fever and neutropenia, a study has found.

Ofloxacin given alone was found to be as effective as parenteral combination antibiotic therapy in neutropenic febrile patients, particularly those in whom neutropenia was expected to last for only a short time. In Pakistan, where the trial was carried out, the combination therapy is 13 times more expensive.

In the trial, reported in *The Lancet* last week, 60 patients were given oral ofloxacin 400mg twice daily and 62 received parenteral combination antibiotics (amikacin with carbenicillin, cloxacillin or piperacillin). Patients were examined 72 hours and seven days after the start of treatment and when neutropenia resolved. There were no significant differences in success rates between the two regimens.

In both groups patients with neutropenia for less than one week responded better.

The authors, at Aga Khan University Department of Medicine, comment that monotherapy carries a greater risk of resistance than combination therapy, but no cases had emerged during their two year's use of ofloxacin.

Stress and cancer

Psychological stress does not appear to contribute to relapse of breast cancer.

A survey carried out in Southampton and Portsmouth found no difference in relapse rate between women who had suffered emotional set-backs after surgery and those who had not.

The researchers interviewed 204 women up to 42 months after surgery and recorded severe life events such as death of a close relative, other difficulties not related to health, major depression of over three months' duration and the lack of a close confidant. None of these stress factors, whether in the year before surgery or during the follow-up period, were associated with a substantially increased risk of relapse. *British Medical Journal* (April 25).

Low compliance with HRT

A recent survey has shown a low compliance rate with hormone replacement therapy. A third of women given the treatment had stopped taking it, over half stopping after six months or less and 80 per cent without their GP's recommendation.

The survey, conducted by NOP Market Research for Ciba-Geigy Pharmaceuticals, revealed that two-thirds of women do not know the cause of the menopause, even when prompted, and only half those who had had a surgical menopause were prescribed HRT.

The most helpful source of information was considered to be the GP, followed by the media. Pharmacists were not listed as an option. Despite increasing evidence of the long-term benefits of HRT, the greatest motivation for using the treatment was to relieve distressing

symptoms in the short-term. While 67 per cent of the women reported this desire, only a third mentioned the prevention of osteoporosis and a mere 3 per cent mentioned the risk of cardiovascular disease as motivating them to take HRT.

Commenting on the findings, HRT specialist Dr Val Godfree, King's College Hospital, London, said that women often left the surgery confused about HRT. "They should realise that the initial benefits of treatment, relieving distressing symptoms such as hot flushes and night sweats, may take a full three months to achieve," he said. The survey interviewed 1,017 randomly selected women aged 45 to 58.

Delayed diabetes diagnosis

Patients suffering from non-insulin dependent diabetes often have symptoms but do not recognise them as being abnormal, according to a study reported in last week's *British Medical Journal*.

The authors studied 100 newly diagnosed patients at Charing Cross hospital and found that almost 40 per cent had symptoms for more than 12 months before starting

treatment. And earlier treatment could have been started in a third of the patients in whom the diagnosis was made but not acted upon.

The authors say these results emphasise the need to raise awareness of diabetes among health professionals; the general public should also be made aware of the major symptoms such as thirst, polyuria, lethargy and weight loss.

Dry mouth and decay

Patients suffering from dry mouth with drug therapy may be in danger of serious damage to their teeth, a dental professor has warned. When patients produce too little saliva, they are liable to rapid tooth decay as well as fungal mouth infections and gum disease, says Professor Michael Edgar of Liverpool University Dental School.

Saliva has antibacterial properties and contains bicarbonate which neutralises plaque, while calcium helps remineralise tooth enamel.

Writing in the *British Dental Journal*, Professor Edgar says that the first complaints of a dry mouth should alert doctors to the need for

immediate action to safeguard the teeth. Around a third of patients may report dry mouth symptoms.

Saliva substitutes are recommended for patients whose salivary glands have ceased working. But if they are still functioning, the action of chewing will stimulate saliva flow. A flavourless bolus of chewing gum will triple the flow of saliva in normal subjects by stimulating parasympathetic secretomotor discharge, writes Professor Edgar. Addition of a flavour will increase the flow rate further through gustatory stimuli. Intensive fluoride therapy and oral hygiene are also recommended for a dry mouth.

parallel imports - generics - fragrances

"the market leader"

A bit boastful you might think when we've only been in existence since mid 1991.

But it's true. We've set new standards of commitment to our customers. Both in our pricing and our service - and the rest are trying to catch up.

Our policy is simple. We offer our products at the best possible price - straightaway. We never compromise on service. And we care for the small independent.

But actions are what count - call us free on:

0800 21 29 62

and put our "boast" to the test!

F | R | E | E | M | A | N
P H A R M A C E U T I C A L S

Counterpoints



Celsius add three body sprays

Celsius are expanding and relaunching their male toiletry range with the addition of three new body sprays.

The body sprays appear in new packaging and the word "deodorising" has been added on-pack. The new fragrances, in addition to the original Celsius body spray, are Caspian, a fresh green fragrance, Panama, an

oriental enriched with herbs and wood notes, and Atlantic, a subtle oriental with musky overtones and marine undertones. All are 150ml and retail at £2.05.

For pharmacists a counter display unit is available, which highlights the new additions. For the launch Celsius have produced trial size packs (£0.39 each). Independent pharmacists

will receive a free trial size display unit, containing nine trial size body sprays (three of each new variant) with orders for the full size merchandiser and stock.

Celsius is now sold in some 5,000 outlets and has a 2.1 per cent share of the mass male market, according to **Celsuis International**. Tel: 071-377 5000.

Wilkinson Sword target women

Wilkinson Sword have launched a disposable razor for women.

Called the Lady, it is a pink twin blade razor with a blue low friction Aquaglide strip, which the company claims will not deteriorate and, when wet, acts as a lubricant. The new razor

also has a safety cap.

Packaged in a brightly coloured box containing ten razors, it retails at £1.99. For the launch Wilkinson Sword are offering consumers a 50p cash back incentive on the packs.

Wilkinson Sword. Tel: 0494 533300.



Discounts and free gifts from Unichem

Unichem are offering independent pharmacies up to 20 per cent discount on their entire packed goods range, plus a free gift, with orders of 75 cases, to be delivered over a two-month period. The offer runs until the beginning of July.

There are seven free gifts to choose from, which include watches, radio

cassettes, Sharp EL 6330 data book with travel organiser 600, Van Heusen shirts, Delsey attaché and board cases and Tula shoulder bags.

Alternatively pharmacists can claim 500 Partnership Points which can be put towards a range of gifts.

Unichem. Tel: 081-391 2323.

Plax gets improved formula and new look



Colgate-Palmolive are relaunching Plax with an improved formulation, which they claim shifts plaque more effectively, and updated packaging.

Plax will be supported by a £4.5 million campaign,

which will include advertising, sampling, direct mail and cross promotion with other Colgate products.

Plax is also available in 50ml trial sizes in a display unit. **Colgate-Palmolive**. Tel: 0483 302222.

Spirolight with spirulina from Life Stream

Life Stream Research have launched Spirolight bar, said to be the UK's first fruit bar with spirulina.

Each bar is said to provide at least one third of the daily average requirement of nutrients. Ingredients include 5g spirulina, dates, figs, sunflower seeds and almonds; the bars contain no sugar and are suitable for vegetarians or vegans.

Spirulina, with an average protein content of 65 per cent, is described as the richest natural source of protein and also contains vitamin B12 plus other vitamins, minerals and nutrients.

Spirolight is packed in display outers of 24, with each bar retailing at £0.80. **Life Stream Research UK**. Tel: 0730 813642.

Optrex on screen for Summer

Crookes are supporting Optrex with a £2.5 million multi-media campaign this Summer.

Television advertising will take place in June and August and radio adverts will run throughout the Summer. A new window display unit is available showing the lotion, drops and Clearline. **Crookes Healthcare**. Tel: 0602 507431.

Silks offer from Rimmel

Rimmel have produced a new point of sale leaflet for their Rimmel Silks range, entitled Partners in Colour.

The leaflet presents the lip and nail colour products and offers consumers a 50p off voucher which can be redeemed against the lip and nail colour when purchased together. The offer runs until July 4.

Rimmel International. Tel: 071-637 1621.



Oilatum
SKIN THERAPY

DIETARY & SKIN
BATH THERAPY

*Specially formulated to rehydrate
& soothe dry, sensitive skin.*



NEW
OILATUM
BATH THERAPY

**Brings dermatology
to the bath**



New Oilatum brings dermatology to your till.

MAJOR NEW BUSINESS OPPORTUNITY

Oilatum emollient, the leading prescription bath treatment for dry skin problems, is now available in a new OTC pack.

Designed to bring new customers into pharmacy for advice on how Oilatum Bath Therapy helps dry, sensitive skin.

NEW DISTINCTIVE 125ml CONSUMER PACK

Oilatum 125ml shares the same effective formulation as that prescribed and recommended by both Dermatologists and GP's.

In research dry skin sufferers said they would buy Oilatum Bath Therapy because of the convenience and effectiveness of a bath treatment that fully disperses in the water, without the usual greasy film.

£3.4 MILLION NATIONAL TV AND PROMOTIONAL CAMPAIGN

The dermatological bath therapy market is underdeveloped, but now we will be backing Oilatum with a £750,000 TV and promotional campaign, starting in May, to bring new customers to your pharmacy.

MAKE SURE YOU STOCK AND RECOMMEND

For further information contact: Intercare Products Limited, 7 The Business Centre, Molly Millars Lane, Wokingham, Berks. RG11 2QZ. Telephone 0734-790345.

Nelson & Russell for all that is best in aromatherapy

Nelson & Russell, a new name in the natural healthcare market, launches a superb range of top quality aromatherapy products with the backing of more than 130 years of experience and success in the sector. Nelson & Russell, part of A. Nelson & Co Ltd, the oldest homoeopathic medicines manufacturer in Europe and Britain's market leader in classical homoeopathy, offers much more than sweet-smelling toiletries. It presents a carefully-chosen range of essential oils and premixed blends which are quite simply the best available, with the intention of moving aromatherapy in Britain away from the perfume and toiletries counter and into the field of effective, natural, holistic health care.



What is aromatherapy?

Aromatherapy is the use of essential oils, the most potent form of a plant's aromatic and fragrant materials, to maintain and promote health and well-being.

The use of aromatic materials in this way is as old as time. In the Babylonian and Egyptian civilisations, herbs were burnt to give off smoke which was said to be healing and the Romans used fragrant oils in massage.

The Arabs later rediscovered the art of distilling and were among the first to use essential oils as we know them today, while among Western cultures, it was the alchemists who actually coined the phrase essential oils.

The best oils for the best results

To gain the best results from the use of aromatherapy as a complementary therapy, only the best essential oils should be used and Nelson & Russell has worked long and hard to seek out the best quality oils from all over the world and bring them together to create a unique range of products which have realistic and tangible benefits to offer.

Nelson & Russell's essential oils all come from named botanic species a discipline unique to this brand. Their aroma is vigorous and lively rather than simply strong. When compared with inferior products, the extra sparkle and vitality of these top quality oils is obvious.

Lavender is a good example. Lavender essential oil is used by aromatherapists for its calming properties, but, say aromatherapists, only lavender grown at altitude, like the organic lavender offered by Nelson & Russell, contains the chemical profile or chemistry which optimises this relaxing effect. Much of the lavender used in other commercial



essential oils is grown much closer to sea level, in the Channel Islands for example, and it therefore has a much lower concentration of the relaxant chemical.

Getting what you pay for

In aromatherapy, price really is a good guide to quality. The best oils are expensive because, as with all natural products, the very best is always in short supply.

The way in which the original plant is grown contributes greatly to the quality of the resulting essential oil. Nelson & Russell offers two types of essential oil — twelve pure essential oils and eight organic pure essential oils. The organic oils all come from wild plants.

Smell the difference!

Aroma varies from year to year according to climate, rainfall and soil conditions, so the Lavender bought today may vary from that bought last year. A range of oils which smells exactly the same year after year is more than likely to have been altered in some way to ensure, artificially, that the aroma is consistent.

All Nelson & Russell's oils are pure, dynamic oils which have not been adulterated, blended or altered in any way and they have the vital, vigorous aroma which only the best can offer.

Just follow your nose to Nelson & Russell and smell the difference!

When is an oil not an oil?

Essential oils are not oils in the everyday sense. They are not greasy or fatty, in fact, an alternative name, etheral oils, may be a better description of these volatile, highly concentrated substances

help to ease many everyday health problems which are so common today.

As in other holistic therapies, such as homoeopathy, the practitioner will look beyond the symptoms to the person's background, temperament and disposition and, just as in homoeopathy, the same problems may require a different set of oils for different individuals.

Essential oils help to stimulate the body's defences and many essential oils have antiseptic or anti-inflammatory properties, for example. However, because the oils are so powerful and concentrated they should be diluted in a vegetable carrier oil before being used directly on the skin.

At a time when the use of our sense of smell is being highlighted more and more in research as having direct links with mental and physical well-being, the awareness of aromatherapy as an effective and very pleasant form of treatment is gaining ever greater significance.



distilled from plants.

Essential oils, themselves, are extremely complex and individual oils may contain many hundreds of chemical components, some in infinitesimal quantities.

Most of us are familiar with essential oils in everyday life. Whenever we add spice to a recipe, taste the pungent flavour of garlic in a salad dressing or put mint sauce on to roast lamb, we are experiencing essential oils.

Holistic healing

Aromatic oils have far more to offer than purely a delightful perfume in the air. Aromatherapy is a holistic form of healing which works with the body to promote health. It can

Winter Cheer, Refresh & Uplift. Carrier Oil, in 50ml bottles:

A blend of pure vegetable oils — including macadamia, rosehip and apricot — which have been specially chosen for the fact that they are easily absorbed by the skin without leaving a sticky residue and are pure and gentle enough to be used on the face as well as the body.

Introductory offer

The Nelson & Russell Aromatherapy stand contains two each of the organic oils, three each of the pure essential oils and three each of the pre-mixes. There is a separate, small unit which takes an outer of six of the carrier oils.

Retail prices for individual oils range from £3.25 to £7.95 each for the pure essential oils and £4.95 to £8.50 each for the organics. The pre-mixes retail at just £3.98 each for 25ml and the carrier oil at £3.50 for 50ml.

The trade price for the complete stand is normally £285.28, offering a profit margin of 40 per cent, but there is a special introductory offer of just £150, representing a massive 50.38 per cent profit. Trade price for the outer of six carrier oils is £10.74.

Backing the launch is a vigorous PR campaign. A booklet entitled Aromatherapy for the Family, retailing at £1, will give new and more experienced users an insight into aromatherapy and guidance on choosing the appropriate oils. A range of four free leaflets — Aromatherapy and Men, Aromatherapy and Women, Aromatherapy around the Home, and Aromatherapy for Work and Relaxation — will also be available and the Nelson & Russell stand has space to display them all.

As part of A. Nelson & Co Ltd, Nelson & Russell draws on a 130-year-old tradition of excellence in natural health care. When developing the aromatherapy range, the company was determined that Nelson & Russell would work to the same exacting standards of product quality and retailer support as those achieved by Nelsons Homoeopathy.

Marketing manager Tom Russell says: "We believe that aromatherapy has a great deal to offer as a serious complementary therapy. It is now being used in hospitals and hospices and has attracted many users from the nursing profession."

"It is a form of treatment which has much in common with homoeopathy, seeking to treat the person and not the ailment and seeking to help the body to restore its own health and vitality."

Too often today the term aromatherapy is devalued and we see it used to describe all kinds of toiletries from soap to shampoo. Usually, all that is meant is that a little essential oil has been added to the product to give a pleasing perfume and this has little to do with the classical healing art.

The Nelson & Russell range

The Nelson & Russell range consists of eight organic pure essential oils, 12 pure essential oils, six pre-mixed oils and a carrier oil as follows:

Organic oils, in 5ml bottles:

Lavender, Rosemary, Rosewood, Ylang Ylang, Chamomile, Juniper, Sandalwood, Frankincense

Pure essential oils, in 5ml bottles:

Lavender, Eucalyptus, Tea Tree, Mint, Geranium, Lemon, Orange, Clary Sage, Marjoram, Cedarwood, Cypress, Tangerine

Pre-mixes for use as bath or massage oils, in 25ml bottles:

Soothe & Ease, Rest & Relax, Sensual & Exotic, Feminine Care,



Combe International have introduced a security counter display for Lana-Sting for the coming Summer. Containing four units of Lana-Sting spray and six units of creme, the unit is available on discount from Combe representatives or pharmacy wholesalers. The brand will be supported by national Press advertising during the peak Summer sales period. Combe International Ltd. Tel: 081-680 2711.

Sound advice from Wendy Lloyd available in pharmacies

Wendy Lloyd Audio Productions have launched a series of medical audio tapes to retail pharmacies.

The tapes (£6.25 each), previously available by mail order only, have been produced in association with health agencies. Doctors explain techniques in terms

aimed at both sufferers and their families.

The tapes also feature well-known personalities such as Magnus Magnusson and Alan Freeman.

Subjects discussed on the tapes include "Coping with pain", "Coping with tranquilliser addiction",

"Coping with anxiety" and "Coping with asthma".

The company says the tapes contain the latest medical advice and are also practical tools describing techniques sufferers can use to help themselves. **Wendy Lloyd Audio Productions Ltd.** Tel: 051 632 1206.

Finn Crisps

Britannia Health Products are supporting Finn Crisps crispbreads with a poster campaign. The posters will be sited near 48 outlets selling the products. **Britannia Health Products Ltd.** Tel: 0737 773741.

Up and away

Lynx is sponsoring the army's helicopter display team, Eagles '92 this year. Activity to support the sponsorship includes regional competitions to win a day at one of the airshows. **Elida Gibbs.** Tel: 071-486 1200.

Rose Laird

Rose Laird skincare has been purchased by Anthony Green Ltd from Sihouette International. Support for the range will include new point of sale material, leaflets and advertising. **Anthony Green Ltd.** Tel: 0482 820229.

Supplement

Combe International are sponsoring a supplement on vaginal and reproductive health in the June issue of *Company* magazine, promoting their Vagisil range. **Combe International.** Tel: 081-680 2711.

New-look bags

Maws have relaunched the disposable sterilising bag in new packaging to tie in with the rest of the range. The bag can now sit alongside the full range of Maws products. **Addis Ltd.** Tel: 0992 584221.

Transvasin

Transvasin has been repackaged and the existing 30g pack has been replaced by a 40g size. The relaunch will be supported with advertising campaign and PR. **Seton Healthcare Group Plc.** Tel: 061 652 2222.

Efamol new size

Efamol have introduced a smaller, 30-pack size to three of their products. These are Efamol 500 (30, £3.99); Efamol Marine (30, £3.99) and Efamol Plus (30, £2.99). **Britannia Health Products Ltd.** Tel: 0737 773741.

Goodbye Sunpak

Johnsons Photopia have formally relinquished the Sunpak flashgun distributorship. The company says it had hoped a new distributor would be appointed to coincide with the announcement but that this has not been possible. **Johnsons Photopia.** Tel: 0782 717100.

Red-eye release

Photographic wholesalers Swains have launched the Sirius Clubman, a 35mm fixed focus compact camera retailing at under £30.00. The Clubman boasts a built in flash — with red-eye reduction — motor wind and a frame counter. Swains also have the Society AF camera with autofocus, motorwind and switchable rewind, for £39.99 retail. **Swains International.** Tel: 0752 361321.

POS



ALL SINGING
ALL DANCING,
THIS TILL'S
SELF FINANCING!

THE **POS** CHECKOUT SYSTEM
WITH ACTIVE STOCK CONTROL,
REDUCES STOCK LEVELS RELEASING
CASH AND SAVING STAFF TIME!



PHONE NOW FOR A FREE NO OBLIGATION
DEMONSTRATION OF PILLS OR **POS**

Nunn's Corner, Sandy Lane,
Stourport-on-Severn,
Worcestershire DY13 9QB
Telephone: 0299 827826
Fax: 0299 827393

New ad campaign for First Response

A new £250,000 advertising campaign for First Response range is to appear in all major women's magazines, and will run until January 1993.

By targeting magazines such as *Cosmopolitan*, *Prima*, *Living* and *She*

whose readership is made up primarily of women aged between 24 and 45 years, Carter-Wallace hope to reach many of the British couples actively trying to achieve pregnancy. **Carter-Wallace.** Tel: 0303 850661.

New teat for babies on the move

Lewis Woolf Griptight have designed a teat that can be put onto a bottle without being touched. It is individually sealed and sterilised in a small plastic container and comes with a screw cap.

The teats retail at £1.94 for a box of six and fit all bottles.

The teats are not intended to be disposable and can be re-used following normal sterilisation after each use. **Lewis Woolf Griptight Ltd.** Tel: 021 414 1122.

Deep Heat

Mentholatum are introducing their Deep Heat massage liniment in a new plastic bottle with child resistant closure (£2.95 120ml). Introductory bonuses will be available. **Mentholatum Company Ltd.** Tel: 0734 340117.

French chic

New from Orly is the French Manicure kit, available in a choice of four tints. Included in the kit are base coat, white tip pencil, nail polish and top coat. Also included is a strip of half-moon guides. The kits retail at £6.95 each. **Jica Products.** Tel: 081-979 7261.

IMPROVING OUR SERVICE TO KERFOOT CUSTOMERS.

From 4th May 1992 all customer service, ordering, processing and distribution for Kerfoot Pharmaceuticals will be handled through the Company's modern Dunstable Distribution Centre.

Our full range of generic products will be easily available by direct order using your customer number, which will remain the same.

But we've developed a new sales order processing system with some beneficial advantages that will be operated by our highly trained, 16 strong Customer Services sales team.

MORE ATTENTION TO DETAIL

When you place your order by "Orderline," fax, telex or mail, your order and despatch note will be processed, packed and despatched within 36 hours.

Your invoice will follow in 24 hours and payment is made to Ashton-Under-Lyne as before.

However, our new system offers several advantages.

MORE TIME TO ORDER

Our sales and customer service representatives are now available from 8.45am-5.15pm Monday to Friday with an answerphone service available outside these hours.

If the line you order is temporarily out of stock it can be automatically supplied, if you wish, when it becomes available.

MORE PRODUCTS TO CHOOSE FROM

Now that we are able to offer two ranges under one roof, you will have the option, where necessary, of substituting a Kerfoot product with an Evans product or vice versa and maintain continuous supply.

Evans and Kerfoot customers will experience the highest standard of care, attention and personal service through our Dunstable Distribution Centre.

ORDERLINE: (0582) 476611

CUSTOMER SERVICES: (0582) 608308

Kerfoot

EVANS

EVANS KERFOOT DISTRIBUTION CENTRE, FOSTER AVENUE,
WOODSIDE PARK ESTATE, DUNSTABLE, BEDS LU5 5TA
TELEX: 82387 EMLDBL FAX: 0582 600421

Evans is a founder member of the British Generic Manufacturers' Association

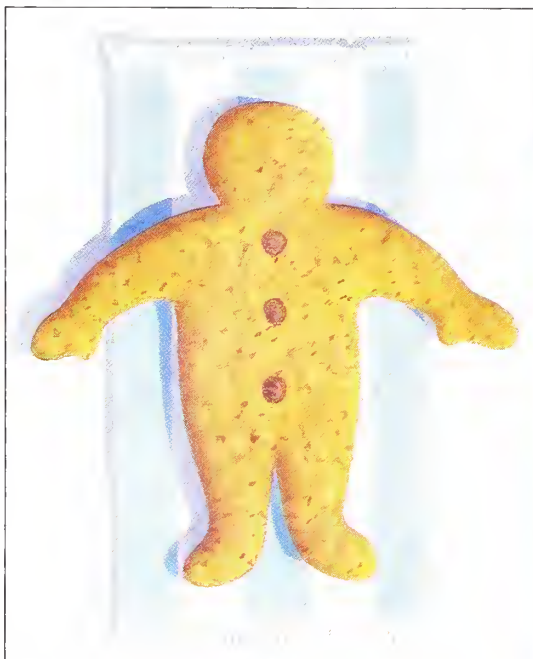


Crookes give advice on sunburn

Smart cookies don't burn — that's the message for consumers and pharmacies this Summer from the Pharmacy Healthcare scheme, in conjunction with Crookes Healthcare.

The national campaign will run through June and July and aims to alert consumers to the dangers of too much sun. A leaflet entitled "Smart Cookies don't burn", gives information on the effects of sunburn, how and where it can happen, and who is most at risk. Pharmacists have been chosen to spearhead the campaign and to provide leaflets to the public.

The leaflets and stickers will be sent to pharmacies and the campaign will be officially launched at the Royal Pharmaceutical Society at the end of May. **Crookes Healthcare. Tel: 0602 507431.**



Spring offers from Unichem

Unichem are running four Spring offers this month on Natrel Plus, Adult Wet Ones, Gillette and Palmolive.

Natrel Plus 150ml aerosols will contain an extra 20ml free and roll-ons an extra 25 per cent free. The pump action packs will have an extra 10ml free.

Pharmacists who order six packs of Natrel Plus can claim a 12 pack of Zerion variant in roll-on format. With orders of eight packs retailers can claim 12 Zerion roll-ons and 12 Ylang aerosols.

With orders of 12 packs retailers can claim two dozen aerosols (Ylang and Zerion variants).

Adult Wet Ones will carry a minimum 27.6 per cent POR and Quickies a 39 per cent POR.

Unichem have a special offer on Gillette Sensor cartridges, with 5s offered at £35.70 and cases of shaving gel (200ml) at £13.29.

On Palmolive products Palmolive 200ml shaving foam will contain an extra 25ml free and shaving gel (200ml) and 100ml shaving cream is on offer with a minimum POR of 27 per cent.

Pharmacists can also claim one pack of Palmolive shaving cream (100ml) with every five ordered.

Unichem. Tel: 081-391 2323.

Macleans back on air

Smithkline Beecham are supporting Macleans with a £1.5 million national television campaign from mid-May until the end of June. It will be a continuation of the "Tin soldiers" advertisement. **Smithkline Beecham. Tel: 081-560 5151.**

Snappy promotion

Zyma Healthcare are repeating their camera promotion on Piz Buin, with a free disposable Fuji camera on purchases over £15. **Zyma Healthcare. Tel: 0306 742800.**



A non-greasy liquid dressing to discreetly restore natural looking colour.

Morgan's (Estb. 1873)
Pomade Co Ltd

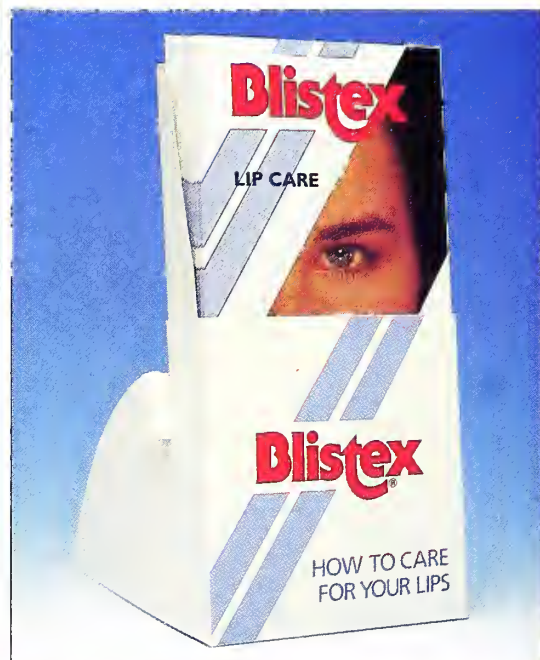
Colewood Road Industrial Estate,
Swalecliffe, Kent CT15 2RT
Tel: 0227 79 2761/4 Telex: 96416
Fax: 0227 79 4463

Lip care advice from Dendron

Dendron have produced a consumer leaflet to support their Blistex range of lip care products.

Entitled "How to care for your lips", the leaflet explains common lip complaints and how to

prevent and treat them. For copies of the leaflet, together with a stand holder, write to: How to care for your lips leaflet, PO Box 277, Kingshill Road, High Wycombe, Bucks HP13 5BT. Tel: 0923 229251.



On TV Next Week

GTV Grampian
B Border
BSB British Sky
C Central
CTV Channel Islands
LWT London Weekend

C4 Channel 4
U Ulster
G Granada
A Anglia
TSW South West
TTV Thames Television

TV-am Breakfast Television
STV Scotland (central)
Y Yorkshire
HTV Wales & West
TVS South
TT Tyne Tees

Alberto Culver VO5	LWT, TTV
Aquafresh toothpaste:	All areas
Aquafresh Flex:	All areas
Bodyform Plus	All areas except G, C, CTV, C4 & TV-am
Brut:	All areas except CTV, LWT, TTV, TVS, C4, TV-am
Dove:	All areas
Impulse Bodyspray	All areas except C4
Le Condom:	All areas
Listerine:	GTV
Lux bath foam & shower gel:	All areas
Lux Facial Wash:	All areas
Migraleve:	All areas
Peaudouce Step by Step:	TV-am
Remegel:	All areas except LWT, C4, TV-am
Silkience hair care range:	All areas
Slim-Fast:	All areas
Wella Balsam & Conditioner:	All areas except CTV, TV-am
Wella Wash & Care 3 in 1:	All areas except CTV & TV-am
Wrigley's Extra & Orbit:	G, A, HTV, TSW, TVS & LWT

Season's Greetings.

'HAYFEVER' CALENDAR
Showing most active symptom period

CAUSE	Apr	May	Jun	Jul	Aug	Sep	Oct
BIRCH	■						
PLANE		■					
GRASSES			■	■			
NETTLE				■	■	■	
FUNGAL SPORES				■	■	■	■

A season that lasts for seven months should be greeted with open arms and fully stocked shelves. Stocked with the leading hayfever products from Merrell Medicines of course.

Three products that are as effective on your patients as they are on your sales. So make sure your stocks are up and your displays are ready to greet your customers. All season long.

Merrell  Medicines


TRILUDAN[®]


TRILUDAN[®]
FORTE

SELDANE[™]

MARION MERRELL DOW LIMITED, LAKESIDE HOUSE, STOCKLEY PARK, UXBRIDGE, UB11 1BE.

Trademarks: Triludan, Triludan Forte, Seldane, Merrell.

Salon Selectives gets three additions

Helene Curtis are extending their Salon Selectives range with the addition of three products.

Level 6 Strengthening shampoo contains vitamins A, E and provitamin B5 and is suitable for all hair types, especially fine or brittle hair.

Type S Silk Formula conditioner contains silk protein and is for hair with split ends.

Maximum Control 15 Pumping Gel Spray can be used on dry hair as a firming spray or damp hair for heat styling.

All the new products will retail at £1.99 each and will be supported by television, Press and radio campaigns. **Food Brokers. Tel: 0705 219900.**



Aquafresh raises its profile

Smithkline Beecham are supporting their Aquafresh toothpaste and Aquafresh Flex toothbrush with a television campaign, starting May 11.

There will be two advertisement, the "Not just a pretty paste", shown last year, and a new one, using animated characters. The campaign runs for two months. **Smithkline Beecham Health & Personal Care. Tel: 081-560 5151.**

New Barnet

Following Addis' withdrawal from the combs market, Barnet Trading Company have acquired the Barnet brand and are relaunching it. Some 20 styles of comb will be available, including packet, tail and dressing combs. For details contact **Barnet Trading Company Ltd. Tel: 0582 833505.**

Yachting weekend

Ciba Vision are supporting their Otrivine-Antistin with a consumer competition.

Consumers have to answer questions on hay fever. The winner will spend a weekend on a luxury yacht. Every correct entry will receive a free pen. **Ciba Vision. Tel: 0489 785399.**

Sensiq add Shades of the Sun

Sensiq have launched a collection of cosmetics for Summer, called Shades of the Sun.

New Powder Silk Bronze (£4.99) is a smooth pressed powder, which gives a naturally sunkissed look.

Protective Moisture Tint (£3.49) comes in four new shades and duo Shadow Silk (£3.15) comes in Walnut Tree/ Peach Kernel. Lips are coloured with Luxury Lip

colour (£3.15) in Brownie Points, a soft mid-brown. Nails are coloured with Perfect Nail colour (£2.99) in Magnolia Silk, a soft ivory beige.

A showcard is available, highlighting a gift with purchase offer of a free t-shirt when consumers spend over £5 on Sensiq products. **Sensiq Cosmetics. Tel: 071-409 1413.**

AAH Spring offers on Natrel Plus

AAH Pharmaceuticals are offering trade price discounts, and two dozen Natrel Plus aerosols free of charge with orders of 12 packs of Natrel Plus.

Customers ordering eight packs of Natrel Plus from

AAH can claim 12 Natrel Plus roll-ons, together with 12 Natrel Plus aerosols. And 12 Natrel Plus roll-ons come free with orders of six packs of Natrel Plus. **AAH Pharmaceuticals. Tel: 0928 717070.**

New look for Heinz baby food

Heinz have repackaged their baby meals in polymer laminated cans, giving them a cleaner, more hygienic look. All 58 baby food cans will be repackaged in this style with ring-pull ends. **HJ Heinz Co. Tel: 081-848 2386.**

Numark gloves

Numark are expanding their own label range with the addition of household rubber gloves.

The gloves come in three sizes (£0.69). They feature an extra long cuff, latex formulation and non-slip patterning. **Numark Management Ltd. Tel: 0827 69269.**



Original Additions have extended their Eylure nailcare range with the launch of Lazers, brightly coloured emery boards. There are four colours and each has a different grade of abrasion and grit. They come packed as singles (£0.99), duos (£1.79) or a compact four-in-one version (£1.49). Lazers will be supplied initially in a free standing display unit holding 30 carded products in packs of six. **Original Additions. Tel: 081-573 9907.**

New look Honeyrose

Honeyrose Products have relaunched their Honeyrose nicotine-free herbal cigarettes with new packaging. The Special, Menthol and De Luxe variants feature gold block

printing and lamination. The Ginseng variant remains unchanged. Packs feature more information on the cigarettes and a bar code. **Honeyrose Products Ltd. Tel: 0449 612137.**

Fun in the sun

Nivea Sun enlisted the children's TV presenter Sarah Greene to get their Kids in the Sun Shine, KISS, campaign off to a flying start at the London Weather Centre.

The aim of KISS is to increase parents' awareness of the need to protect babies and children from the effects of the sun.

Research suggests that sunburn in childhood can

result in long term damage to the skin, and in some cases skin cancer.

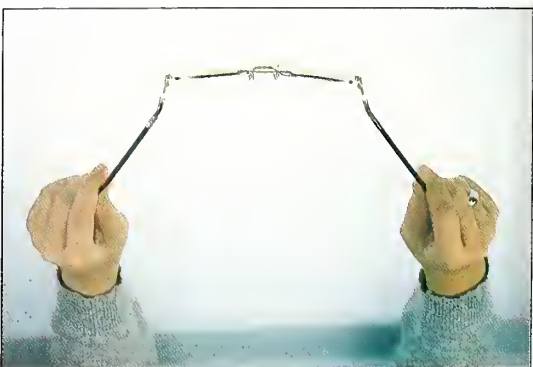
Through its KISS campaign Nivea Sun are providing the essential KISS kit which includes practical advice for parents on a beach resistant card and a Nivea Sun Kiss sun bag which contains suncare products and other goodies. **Smith & Nephew. Tel: 021 327 4750.**

Pocket sized shaving

Laughton & Sons have added two pocket-sized shaving kits, Slimline and Suregrip, to their Executive Giftware collection.

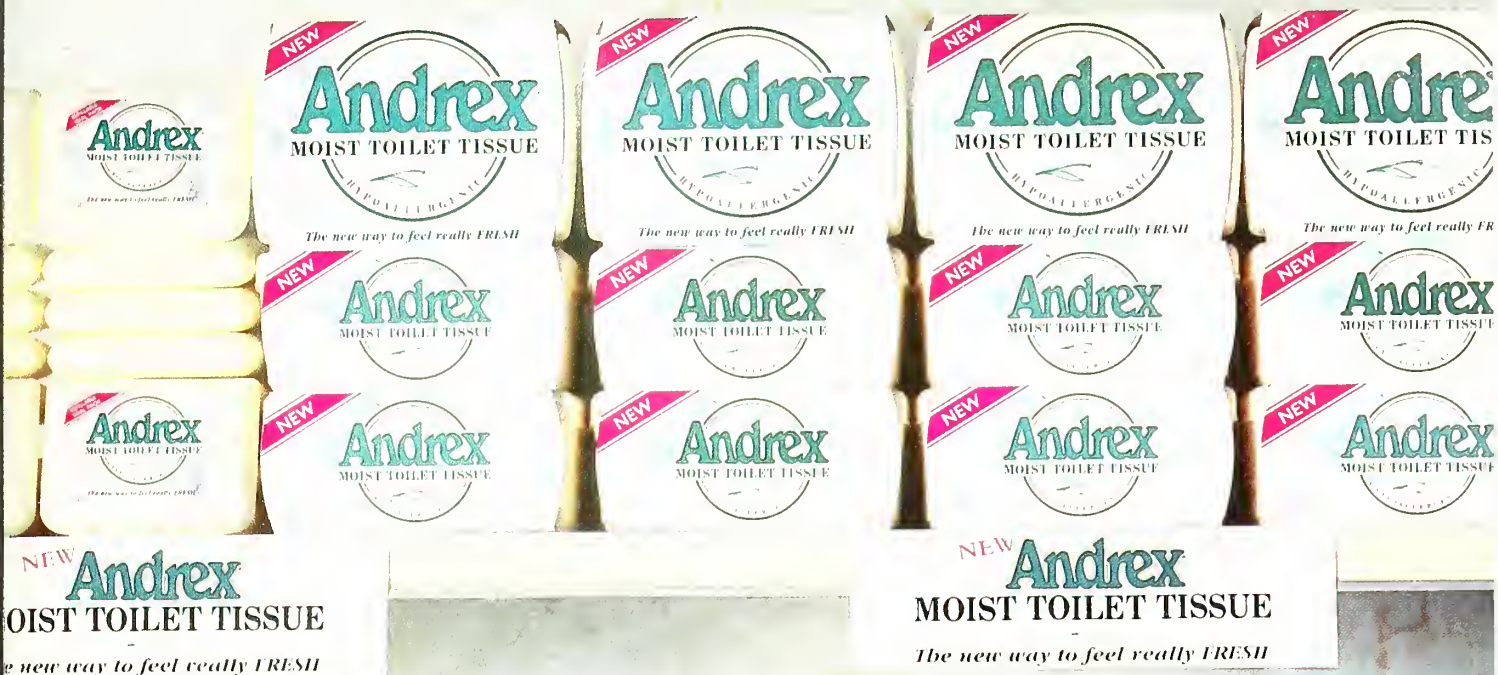
The razors are gold

plated, with detachable head and base, which fit into a pocket size case. Seven designs are available (about £30 each). **Laughton & Sons. Tel: 021 436 6633.**



Direct Perception have introduced two new models to their reading glasses range, both of which feature new springs built into the sides for extra comfort, shape and durability. The Tufspring half frame and full frame models have a trade price of £3.81 each and will both retail at £9.95. For further details contact Direct Perception. Tel: 081-518 2685.

FRESH IN...



FRESH OUT...



-  Fresh from Andrex – **NEW Andrex** MOIST TOILET TISSUE.
-  Delicately moistened, extra thick and soft, and fully flushable, for use after dry toilet tissue for a new kind of personal freshness.
-  Rigorously tested, Andrex Moist Toilet Tissue is overwhelmingly preferred by consumers to other brands.
-  Ideal for the Chemist sector – hypoallergenic for gentle and effective cleansing for the whole family, even on sore and irritated skin and for those with special needs.
-  A comprehensive support programme including powerful national launch advertising, as part of the Andrex spend of £15m in 1992.
-  Available nationally in 40-wipe tubs and 8-wipe refillable travel packs from all good Chemist Wholesalers or Scott representatives.

& FRESH MARGIN FOR YOU!

Scottish elections

The following candidates are standing for election to the Executive of the Scottish Department of the Royal Pharmaceutical Society:

Charles Richard Blythe (rural pharmacy proprietor), current member of Scottish Executive; Dr James Edwin Bunney (Unit Pharmacy Manager), chairman of the Scottish Executive; Dr Graham Alexander Milne Butchart (community pharmacist), member of Pharmaceutical General Council; Professor Graham Calder (community practice), visiting professor Strathclyde and honorary professor RGIT.

John Irvine (pharmacy manager), member of professional working party, Joint Boots Pharmacists Association and Post Graduate Education Committee; Dr James Robert Johnson (pharmacy lecturer and locum community pharmacist); Mrs Elizabeth Craig McConechy (pharmacy proprietor), member of Pharmaceutical General Council; Graeme Stewart Millar (pharmacy proprietor), chairman of National Pharmaceutical Advisory Committee and PGC.

Mrs Margaret Vivienne Muxworthy (clinical pharmacist); Joseph MacDonald Richards (senior



clinical pharmacist in paediatrics and TPN); and finally Ian Scott Swanson (community/proprietor pharmacist); member of Scottish executive.

There are six vacancies on the executive. Voting papers will be circulated and must be returned by 4pm on June 3.

Ready to start business — the new executive council of The Scottish Pharmaceutical Federation take their places at its first meeting on April 22. They are (back row, from left) Messrs R.P. Marr, D. Forbes, J. Hughes, B. Eggleston, P.J. Gilbride, D.G. Tarbet, J.U. Smyth, J.G. Milligan; (front row, from left) A.S. Cruickshank (vice-chairman), Mrs E. Roddick, J.E. Brown (chairman), Mrs E.C. McConechy and E. Jenkin. Two other members in attendance at the meeting are not shown. As is the tradition, the chairman and vice-chairman have been chosen to serve on the board of the National Pharmaceutical Association



"Everyone at Weleda is genuinely very helpful, efficient and friendly"

Jo Hudson M.R. Pharm. S.



Weleda offer:

- The widest range of OTC homoeopathics in the UK
- Comprehensive range of 26 indicated natural medicines.
- Full range of Pharmacy Only products and pharmaceutical specialities.
- Full range of Weleda toiletries.
- Regular training for pharmacists and pharmacy assistants.

Generous POR on all products.

For full details, please call: **0602 309319** and ask for Tele-sales.
Or fax your order: **0602 440349**.

WELEDA Harnessing the Power of Nature for Health

Weleda (UK) Limited, Heanor Road, Ilkeston, Derbyshire DE7 8DR

'Don't get rid of the cat'



The "cats" entertain children affected by toxoplasmosis

Members of the cast of *Cats*, Britain's longest running musical, took part in last week's launch of the joint Pharmacy Healthcare and Toxoplasmosis Trust campaign in which over 500,000 leaflets are being distributed on "How to protect your unborn baby from toxoplasmosis."

Nick Wood, member of the Royal Pharmaceutical Society's Council and pharmacist representative on the Pet Health Council and National Pet Week, said the main message of the campaign was that toxoplasmosis

was preventable if pregnant women took the right precautions. There was no need to get rid of the family cat.

Reports on the launch appeared on Thames Television and Newsroom South-East and in the medical Press.

● A headline was inadvertently omitted from an article *C&D* published on toxoplasmosis in the petcare feature, April 25, p707. The headline Toxocariasis should have appeared above the last three lines in the second column, thereby distinguishing the two conditions.

Actifed

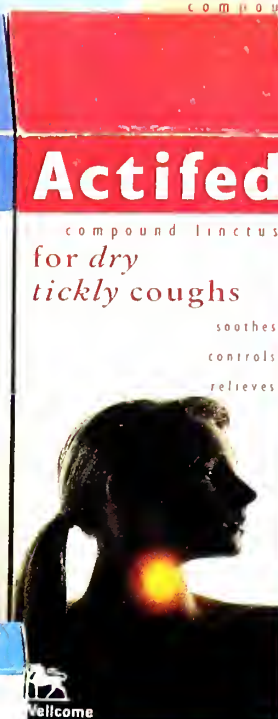
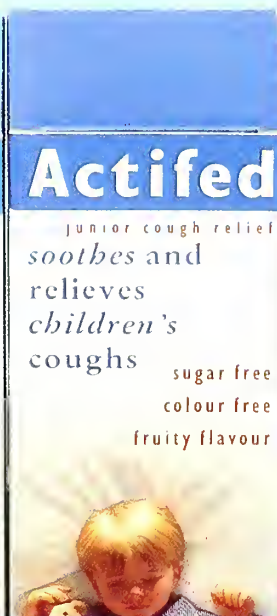
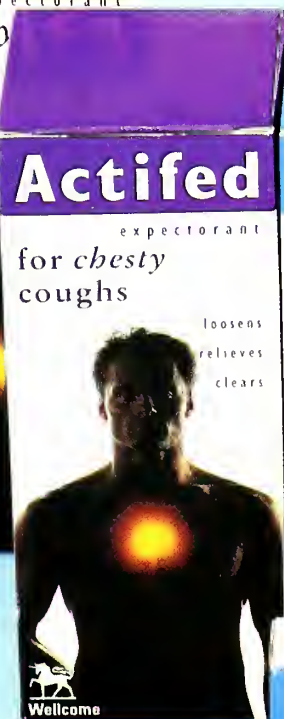
NEW FOR WINTER '92



expectorant
for chesty
coughs

compound linctus

coughs
soothes
controls
relieves



Contact your Wellcome representative
for details of

- Exciting **NEW** Packaging
- Winter **TV** Advertising
- Winter Promotional Terms

Actifed controls *Winter coughs* -
and so *helps* rest and recuperation.

A hard look at profits

If you go simply for turnover, that can be *vanity*, but as someone claimed, to go for profit is *sanity*!

Another writer has stated that profit is a matter of opinion; certainly profit might be in the eye of the beholder, at least to a degree. And how depreciation is handled and how stock is valued can substantially influence the bottom line.

But to cut down on conjecture and opinion it is sensible to start by defining terms. There are five or more types of profit, and in addition there is both a short-term and a long-term perspective. The focus for this article is material profit, which is profit in cash terms. To consider the non-material gains from running a pharmacy is to enter into the philosophical, emotional and subjective aspects not to be measured in cash. This is very important to many people but difficult to quantify.

The five main types of profit are gross profit, net profit, adjusted net profit, pure profit and refined profit.

Gross profit

Gross profit is easily defined as the difference between the cost price and selling price for any item. On the profit and loss account it is the difference between your total sales and the cost of these (VAT excluded). The "small profit, quick return" devotees often fail to watch the gross margin closely, but the big groups in pharmacy don't make this mistake. Usually it is possible to enhance the gross percentage more readily than curtail outgoings. Even one per cent extra gross means £3,000 more net profit for a typical pharmacy, if costs are constant.

Net profit

Net profit can be what you make it to some degree! To interpret the profit and loss account at all accurately every item must be closely analysed. Merely to define net profit as the gross profit minus all expenses and plus any income such as rent received from a sublet can be misleading. To bring us closer to reality we need to adjust the figure. To do so is not only of vital importance to anyone studying the accounts of a pharmacy they are thinking of buying, it is equally important to an owner.

Adjusted net profit

Adjusted net profit incorporates a corrective. A pharmacy showing a net loss before adjustment might be very profitable; conversely a bottom line profit figure might conceal a loss.

Failure to debit a business in freehold premises with a current notional market rental will clearly inflate the net profit

Maximizing profits is a straightforward enough goal — once you recognise where true profit lies. In the third of his series of articles 'Back to Basics', Eric Jensen, BCOM, MPharmS, explores the definitions of profit and what it can say about the efficiency of your business



figure, and if family or others work in the pharmacy for salaries unduly above or below the going rate the net will be inflated or deflated respectively. ANP allows the pharmacist to take all this into account.

How much assets should be depreciated brings in a large element of judgment and opinion and what is decided directly affects the net figure. Remember there is a need to examine every figure for income or expenditure and ask whether it is realistic.

Pure profit

Pure profit is the amount left after reaching an adjusted net figure and then deducting a sum to pay the owner for his/her managerial services to the pharmacy. If some charge has already been shown in the profit and loss account, make sure this is the going rate. The pure profit figure is the one to use when calculating the return on capital.

You have arrived at a pure profit. Now ask how much better off you are as a proprietor than you would be as an employee with your capital in a safe investment such as a building society. The key question is, how much capital do we have invested in our pharmacy? Many mislead themselves.

Your capital investment is the total value of the pharmacy in the current market. What would it sell for, lock, stock and barrel? The sum for goodwill must be today's value, which is not very likely to be what you might have paid for it many years ago. If you use an old outdated goodwill figure when assessing return on capital you are deluding yourself. If your pharmacy is now worth say twice what you paid for it, and you use the old figure, you double your return on capital — false comfort! Your investment is today's price: that is what would be available for employment

elsewhere if you sold.

Refined profit can be depressive. Work it out and you might well feel the urge to think on a non-cash bonuses of owning a pharmacy.

Refined profit

Deduct from your pure profit the interest you could receive by investing in a building society instead of your pharmacy: here is your refined profit or loss.

If you have borrowed to finance your business and there is still outstanding debt, this does not mean you have less cash invested in the pharmacy. To work out the return on capital you take the percentage of pure profit to total value as your figure.

Profitability and efficiency. The return on capital is one key indication of how efficient you are. Running a pharmacy is a risk operation: the higher the risk in business, the higher should be the expected return. You ought to aim for 20 per cent or more.

Your two heaviest expenses are almost certain to be salaries/wages and property costs. You should therefore check on your sales per square metre and per cubic metre of both the front of shop and dispensary and of the total space you occupy. Also look at your wages/salaries as a percentage of sales and property costs as a percentage thereof. Assess all expenses as related to turnover. The NPA interfirm comparison scheme is most valuable in carrying out the exercise.

Stock values

In most pharmacies the largest investment after the goodwill value and property value is likely to be in stock. In a typical £300,000 a year business the stock is often around £40,000; frequently it is more. How many times a year you turn the stock over is a measure of your efficiency. But a balance has to be struck between the rate of stockturn and the gross percentage profit.

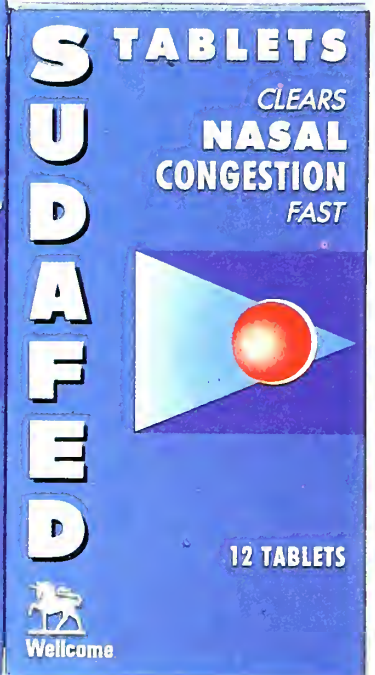
Eight stockturns at 25 per cent gross are more productive than six at 30 per cent and the higher stockturn liberates cash for use elsewhere.

A common error in calculating stockturn is to divide sales at prices to the public by stock value at cost. The correct procedure is of course to compare like with like: both stock and sales should be at cost. Alternatively take them both at selling price.

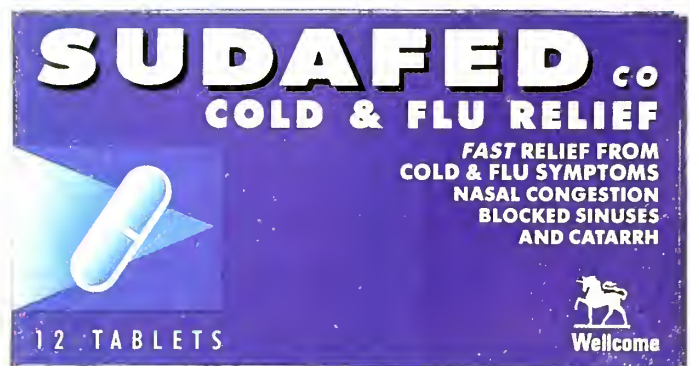
You will find it illuminating to compare your pure profit with your turnover; if the former is over five or six percent of the latter you are likely to be above average for the independents. But you will at six per cent be well below Boots.

Pay the closest attention to your gross. Then go for profit, not just for volume.

NEW PACKAGING FOR WINTER '92

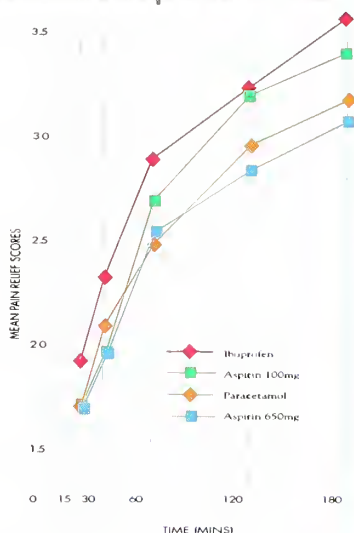


- **EFFECTIVE** PRODUCTS FOR PEOPLE LEADING **ACTIVE** LIVES.
- **£1M** WINTER ADVERTISING CAMPAIGN.
- EXCITING **BONUS DEALS** FROM YOUR WELLCOME REPRESENTATIVE.



NUROFEN'S superior performance in clinical trials explains why it has become the number one pharmacy analgesic.

Comparison of mean pain relief scores¹



Nurofen (ibuprofen) has been shown to be superior to paracetamol in relieving headaches¹, period pain², backache³ and dental pain⁴; and also more effective than aspirin against most of the common pain indications⁵.

In addition, Nurofen is gentler on the gastrointestinal tract than aspirin and, unlike codeine, doesn't cause addiction or constipation.

This combination of efficacy and safety is the reason why you should recommend Nurofen to your customers – and inform them about it.

Because the more people learn about Nurofen, the better for them and for you. That's why we support Nurofen with advertising, POS and educational materials. And that's why we'll be pleased to send you a free copy of our comprehensive Professional Guide.



We invite comparison

Crookes Healthcare Limited, P.O. Box 94, Nottingham NG2 3AA.

References: 1. Noyelle, R.M., et al. Pharm Journal, 1987, 238, 561
 2. Milsom, I. and Andersch, B., Brit J. Obstet and Gynaecol, 1984, 91, 1129
 3. Nasution, A.R., 13th Int Con on Rheumatol, Japan, 1973, Curr Med Res Opin (Suppl) 1974, 9, 4. Cooper, S.A., J. Clin Pharmacol, 1989, 29, 1026. 5. Busson M., J Int Med Res 1986, 14, 53

If Nurofen wasn't so good, we would

■ £5M National TV campaign



■ A further £500,000 spent in national press

so much.



■ Nationwide PR campaign



■ Unmatched support with POS and educational materials

CROOKES
Healthcare

Wholesale sector faces further consolidation

The 10th Vantage Convention in Athens last week saw a number of initiatives unveiled for Vantage members, including EPoS, a computer-based merchandising package and a new Home Health concept. Business sessions looked at the "bottom line" for pharmacies and the challenges facing the wholesale sector

Further cuts in the number of pharmaceutical wholesale depots are essential to improve efficiency and reduce costs. Within the next five years the number of depots will be down to around 40, predicts AAH Pharmaceuticals managing director David Taylor. This compares to 78 operating in 1990 and 167 a decade earlier.

AAH will have less than 24 depots in five years time, he says. The search for greater efficiency means considerable investment in computer technology and automation which in turn means larger units dependent on high volume throughput. The recently completed depot at Warrington, with automatic stock picking and 150,000sq ft of floorspace, is now the largest pharmaceutical depot in the UK and gives an indication of future trends.

Such consolidation is not likely to diminish the twice daily delivery schedule, but are wholesalers edging towards a once a day service? Many rural pharmacies already receive such a service, it is the norm in many other countries and it would give full line wholesalers another way of competing with short liners and self-distributors. And can it be argued that such a service would cause any inconvenience to patients? asks Mr Taylor.

It would, however, dramatically diminish the number of wholesale depots. Benefits of scale, reduction in costs and using overnight delivery would mean the UK could be covered from six depots. "I do not see this happening in the next five years, but it remains to be seen what the effects of the Glaxo agency scheme and any possible



David Taylor

proliferation might have," he says. It would be an "absolute nightmare" if other manufacturers moved to a similar system and wholesalers would physically be unable to cope.

Computer technology has been an area of significant progress. Already 90 per cent of orders are transmitted electronically from community pharmacies. "It will not be long before AAH insists all orders are sent this way," says Mr Taylor.

AAH hold stock worth approximately £90 million, and in normal times would seek to achieve 98 per cent plus stock availability. "The supply position of late has been the worst I can remember in over 25 years," he says, although the company now has the facility to switch orders between branches.

There is a substantial cost in the stockholding required to offer a full range of services (Tables 1 and 2). It is not a situation peculiar to the UK: in France more than half of the 20,000 lines held by wholesalers move less frequently than one pack every eight months.

Slow moving lines could be held centrally to reduce stock investment, but this would lead to a 24 hour delay in delivery. This is not the level of service pharmacists are accustomed to, and is not acceptable when slow moving lines are often required at short notice, says Mr Taylor.

The growth of short line wholesalers with their limited service, and of self-distributors — highlighted by Lloyds' acquisition last week of Ayrshire Pharmaceuticals — is a great concern to the major wholesalers. The profile of retail pharmacies is also changing rapidly, leading the full line wholesalers to press the Department of Health for the introduction of differential discounts.

"The additional costs of full line wholesaling can only be recovered through the discount

scheme," argues Mr Taylor. "Should we not, therefore, discount fast moving lines only — the top 1,000 — to compete with short liners? Would it make a difference to the overall discount? Would our market grow? These questions must be addressed if full line wholesaling is to be maintained."

An additional discount for once daily delivery is an attractive idea but unless all customers on a journey accept the same principle there is a negligible reduction in cost. A cost plus scheme — a basic service with "extras" added on, dependent on order value and frequency — is too complicated and unlikely to get off the ground, says Mr Taylor.

Looking at a wider European perspective, consolidation of the 600-plus wholesalers will continue, as will cross border acquisitions or participation. Until 1987 mergers and acquisitions were limited to individual countries, and even now, with the demise of Medicopharma BV of Holland, there are no foreign interests in UK pharmaceutical wholesaling.

In spite of "1992" there continue to be differences in each country. As a result wholesalers have formed allowances rather than made acquisitions. AAH have adopted this approach in conjunction with Gehe and OCP to form Tredimed. The organisation has

the potential to deliver to 30,000 pharmacies a day, claims Mr Taylor. Other such alliances involving more than 30 wholesalers are found in every EC state except Ireland.

The wholesaler has come a long way from its original role as simply distributor. It can offer own label products, marketing programmes, financial and computer services and franchising. "Ethical manufacturers must accept that this trend is going to increase, and they should not try to swim against the tide."

Table 1: An analysis of AAH's stock position in 24 depots offering an ethical service in January and February 1992 — ethical only

Items stocked	5,497
Items ordered	4,729
Number of lines not requested	768

An additional 586 lines were ordered on average not more than one per branch/month

Table 2: Turnover is becoming concentrated into fewer products

Inventory value	1986	1990
50%	665	167
60%	753	274
70%	1,180	472
80%	1,829	743

Source: BAPW

Just under 1,000 lines account for 85 per cent by value of AAH's business — and 85 per cent of turnover is NHS generated

The CM² formula for display

AAH will shortly be offering Vantage members a merchandising package, having bought into a computer-based display program used by some of the UK's largest retailers.

"Vantage CM² is a formula for display success," claims David Watkinson, AAH Pharmaceuticals marketing manager. It is not a planogram system using general market data, but is based on actual sales collated from over 130 Vantage pharmacies. "It reflects far more closely a true market situation without bias of influence," he says. The system has been tested in a number of trial sites with "great success" and will be detailed to Vantage members over the next few months. It will be available from June 1 at a cost in the first year of £25 (+ VAT) per quarter (£18.75 thereafter).

The system revolves around grading each product with a "performance significance indicator" (PSI) which is derived from a mix of sales value, profitability and rate of movement. This clearly identifies the most important lines within each market sector, and from this a core range of products can be derived which becomes the basic inventory for

the average pharmacy.

"The core range of just 1,500 lines represents around 80-90 per cent of front shop turnover. However, in terms of display space the amount recommended is about 70 per cent of that available," says Mr Watkinson. This apparent underspacing is to allow independent pharmacies some flexibility and it was deemed important to allocate 30 per cent of space to cater for demographic and seasonal variations.

By feeding in a range of fitment sizes most likely to appear in pharmacies, the program calculates the number of facings each product needs to provide optimum sales and profit per linear metre of display space. It achieves this by matching the PSI to the product pack dimensions in its data base and the fitment size.

The Vantage CM² package will include:—

- A three month stock order book containing 1,500 top lines by PSI
- Space allocation chart calculated to the pharmacy
- Suggested shelf layouts
- Facing reports with over six fixture sizes to choose from
- Quarterly updates



ATHENS

1992 VANTAGE
CONVENTION

Controlling the bottom line

Managers need to understand and control the bottom line of their business because this, rather than turnover, gross profit or operating costs, is the measure of its success.

The bottom line also has a significant influence on the value of a pharmacy business. There is a direct correlation between the profitability of a business and its market value, says Ron Vizard, finance director, AAH healthcare services division.

There are many factors that influence the value of a pharmacy — turnover, mix of turnover, gross profit margins, opening hours, location, population mix and proximity to doctors and so on. Also important is the tenure of the property. If it is freehold, what is its value; if it is leasehold, what is the current rent, when is the next rent review and how much of the lease is remaining? In assessing the true value of a pharmacy, calculations cannot be based purely on turnover.

Analysing the businesses advertised for sale in recent editions of the trade journals and looking at the range of

asking prices is interesting. It seems extremely difficult to achieve over 50p in the £ until turnover exceeds £250,000. The 60p plus prices only seem to come in when the turnover is £400,000 and above.

The prices advertised range from 26p in the £ for a pharmacy doing 700 scripts per month turning over less than £200,000 per annum, to an unusually high 72p in the £ for a pharmacy doing 2,700 scripts and with a turnover of £300,000.

"It is impossible to value pharmacies purely on turnover using a rate in the £ for goodwill which you know somebody else has received or paid elsewhere," says Mr Vizard. It is those factors which come together to produce the "bottom line" — what a potential purchaser can make out of a pharmacy — which more than anything else determines its true value.

To illustrate this he uses an example loosely linked to a loan application to Statim Finance. It shows the valuation process adopted by a prospective purchaser. The business' projected turnover for year 1 is shown in the top half of table 1,

Table 2: The first offer

1. Trading profit = £146,000
2. To achieve a 20 per cent return, goodwill should not exceed £730,000 (ie. £146,000 x 5)
3. Therefore, offer £720,000 + stock at valuation (estimated at £75,000)
4. Vendor wishes to sell freehold valued at £225,000 — offer £200,000
5. Total offer price = £995,000

and profit before interest works out at £146,000. This led the purchaser to make a first offer of £995,000 (see table 2).

However, once the cost of financing the acquisition (table 3) through the loan is added into the equation, the purchase becomes untenable, there being a cash shortfall of £5,512 (shown in the bottom half of table 1). The purchaser went back to his accountant, who went back to the drawing board. By adding in a notional rent the offer price is reduced to £840,000 (table 4).



Ron Vizard, finance director AAH Healthcare

With the loan consequently reduced, the projected trading account now shows a surplus of £16,225 (see again table 1). The return on the investment (profit before interest divided by purchase price) is also higher at 17.4 per cent.

Points to consider

1. Adjust accounts prepared by vendor for non-recurring expenses including "family expenses", eg excessive motor expenses.
2. Check wage costs included in accounts and adjust to realistic level to take into account actual/planned opening hours. Include an appropriate charge for manager's salary.
3. Add back any interest costs charged against profits.
4. If freehold is to be purchased, include a notional charge for rent.
5. Having adjusted for the previous items, you will be left with a trading profit which you should be able to use to value the business.
6. Consider the return on your investment — what is your minimum requirement?
7. Calculate the maximum you can afford to offer to achieve your expected return on investment. Ideally, stock should be included in this price.
8. Consider the value of the freehold separately.
9. Always ensure that your post-tax profit is adequate to meet capital repayments on loan.

Table 3: Acquisition costs

Purchase price	£
Goodwill, F&F	720,000
Stock	75,000
Freehold property	200,000
Total Purchase Price	995,000
Less input by purchaser	175,000
Bank loan (ten years)	£820,000
Monthly loan repayments (Interest rate: 11.75%)	£11,592

Table 4: The second offer

1. Trading profit = £146,000
Less notional rent at say 9% of value £18,000
Adjusted trading profit £128,000
2. To achieve a 20% return on the investment, goodwill and stock should not exceed £640,000 (ie. £128,000 x 5)
3. Therefore, offer £565,000 for goodwill + SAV (estimated at £75,000)
4. Offer £200,000 for freehold making total offer price £840,000

**Who's
opening new
stores all over
Britain?**



**WATCH THIS
SPACE**

Table 1: Projected trading account — year 1

Turnover:	First offer		Second offer	
	£	£	£	£
NHS		720,000	720,000	
OTC		255,000	255,000	
Total		975,000	975,000	
Gross Profit		240,000	240,000	
Expenses				
Wages (inc. manager)	74,000			
Rent	—			
Rates	3,000			
Other expenses	13,000			
Depreciation	4,000	94,000	94,000	
Profit before interest		146,000	146,000	
Interest on bank loan		(96,350)	(78,100)	
Profit before tax		49,650	67,900	
Less: tax at 25% (say)		(12,412)	(16,975)*	
: Capital repayments on loan		(42,750)	(34,700)	
(Cash shortfall)/Surplus		(£5,512)	16,225	

* The loan interest is reduced, thus increasing profit and leading to a higher tax charge.

A dollop of 'Bottomley benevolence' required

Pharmaceutical wholesalers are beginning to have bad debt problems for the first time in living memory. Once that spreads up from the smaller contractors "a large dollop of Bottomley benevolence" will be required, says Tim Astill, director of the National Pharmaceutical Association.

He suggests the unilateral abolition of the cost-plus contract — and the consequent effect on profit — is largely to blame. "I am amazed how few community pharmacists understand that," he says. Cost-plus lasted for two decades, and although there were problems, it was broadly fair and understood. It kept remuneration more or less in pace with inflation.

It is interesting to see what has happened to gross margins since cost-plus was thrown out, says Mr Astill. In 1969 gross profit was around 26-27 per cent. It is now well under 20 per cent, although this is offset to some extent by increases in volume. Once contractors have paid their wages, rates and other overheads there is "simply nothing left," he says.

He is pessimistic about this year's pay settlement. It is "bad news" that negotiations are deadlocked at around 4 per cent, and that the Pharmaceutical Services Negotiating Committee has referred the matter to the Review Panel. The most likely outcome is that the Treasury will not slacken the purse strings and the Department will impose a settlement, Mr Astill believes. "I hope that will not happen. We have a new political regime in Whitehall and I hope commonsense will prevail."

Of all the professions paid by the state pharmacists have the greatest claim to an independent review body. Among all the contractor professions pharmacy is the only one with no big stick to wield. Pharmacists cannot take industrial action as they are too dependent on patient goodwill for their future, he says.

One of the unpredictable things about the NHS reorganisation is the attitude of GP fundholders towards dispensing medicines. GPs become fundholders with an eye to commercial advantage. Their

- The NPA will shortly be offering members a suite of advertisements to use in local newspapers. They will be generic in nature, requiring only the addition of the pharmacy name and address.

- The NPA's "questions and answers" column syndicated to local papers gains coverage equivalent to a £3.5 million advertising spend.

- Insurance claims indicate pharmacies have become a target for theft. Incidents have increased by 25 per cent but the value of goods stolen is up 60 per cent. Drug thefts are still a minority.

interest will inevitably turn to pharmaceutical services — the dispensing doctor problem might have only just begun, he warns. A powerful and representative force with political influence is needed to prevent this.

Mr Astill urges LPCs to take heed of PSNC's warning not to strike local deals with FHSAs on services in the wake of the Working Party Report on the Future of Community Pharmacy. "There is much sense in this. I would not want to see LPCs picked off one by one and national negotiations blunted," he says. But PSNC does not want to curtail initiatives, nor should practice research be discouraged.

If the working party report does not dominate the decade Boots will: a "sleeping giant waking" is how Mr Astill describes them. Residential homes are still being pursued with unsolicited mailings and advertising, he warns.

"I can understand a nursing home going to Boots for a better service, but it is sad that Boots with their marketing activities are persuading directors of social services to enter into undertakings for all the local authority homes in their area," he says. "Some of the marketing going on is a little too aggressive for professional services."

Remuneration for servicing residential homes is poor, but those contractors who are providing services should get that recognised contractually.

Home health a target for new Vantage concept

AAH remain convinced the home health care market offers major opportunities for community pharmacists, and will shortly be launching the Vantage Home Health Centre for those keen to set foot in the market.

Over 2,000 home health lines are stocked at Kingswingford, but it is not just a question of stocking the right lines — customer support is also needed, says AAH sales director Alan Turner. There is the age old problem for the consumer of finding the right product, and for the retailer the need for a proper display.

To address the first problem AAH have produced a catalogue with pictures of all the major sundries and home health aids. Items ordered from the catalogue will be delivered to the pharmacy within 48 hours. Many products in this market are poorly packaged, says Mr Turner, so to overcome the display problem AAH have taken a range of products and repackaged them under the Family Health logo, with text explaining what the product is for.

Leaflets for participating pharmacists are available to advertise the range. Representatives are also detailing a list of best sellers, with a £170 parcel that would make an ideal opening stock, says Mr Turner.

Nursing help

Independent pharmacists need further backing to make entry into this market a success, he says. AAH will be signing a contract with the British Nursing Association such that each pharmacist running a Home Health Centre will have a nurse available for a minimum of four hours a week in the pharmacy to provide information and advice to patients and carers. They will be in a position to make domiciliary visits and liaise with other healthcare professionals, and to help train staff.

Pharmacists who undertake to run a Home Health Centre — of which AAH believe there must be a limited number — must make certain commitments. In return for offering the nursing service and a training package starting with a weekend course run by the Vantage Home Health team, pharmacists will be expected to devote at least 100sq ft to the concept, allow staff to attend training courses and display a Home Health logo.

The areas covered within the Home Health concept include incontinence and ostomy care, respiratory aids, certain nursing and rehabilitation services, durable medical equipment, aids to daily living, support aids and diabetic aids.

These areas represent some

AAH plan EPOS launch in July

AAH plan to introduce a pharmacy EPOS system for both single unit and multiple outlets later this year. The first phase of the launch of Linkpos will start in July, aimed at the single pharmacies who make up the bulk of Vantage members.

The second phase — a multi-site system for small multiples who want communication facilities between shops — will have completed trials by the Summer and be available from the Autumn onwards. The system is based on an ICL till (pictured). Prices have yet to be confirmed but a single unit is likely to be around £5,500 depending on the configuration.

AAH Pharmaceuticals marketing manager David Watkinson says he is extremely encouraged with the way the introduction of the technology has gone at the first test sites. The training package for front shop staff has been well received. "Our initial experience shows we have an excellent data base in place which enables any pharmacy to make a rapid start, with a relatively easy method of accounting for the small number of purchases where the supplier's packaging does not provide an EAN or bar code."

EAN codes a must

He warns suppliers not fully committed to the use of EAN codes that the code is an "absolute must" for any product to be sold through pharmacies. Without it products

will, intentionally or not, be discriminated against.

There are significant differences between the introduction of computers into the front shop as opposed to the dispensary, he cautions. Many of the operations will be undertaken by the least qualified assistants. This could be a recipe for disaster if staff are not trained and prepared.

Dispensary systems by and large automated an already existent manual procedure. Many pharmacists do not currently use strict manual disciplines in the control of the front shop and staff are not used to the disciplines involved in running systematic stock replenishment techniques. "Retailers need to be clear in their minds as to both the pros and cons of this technology to retail pharmacy," he says.



The Linkpos till unit available in July

3.4 per cent of the nation's healthcare expenditure — between £900m to £1,200m a year, estimates Mr Turner.

Key factors

The Government White Paper "Caring for people — community care in the next decade and beyond" proposes various reforms in the delivery of home health market, and is a key factor in influencing the market. If its aims are met fewer people will receive institutional care.

Add to this the demographic trends which will see the population of over 65 exceeding 10 million in the next decade, and informal home care becomes even more important, supported by disposable income.



Michael Ashman of Birtley, co Durham, testing the Home Health idea

A free prize draw to win a year's supply of nappies will support the launch, run in conjunction with the *Daily Mirror*. There will be product sampling through women's and baby magazines, and every purchaser will receive either a Vantage "Baby on board" car sticker or a luminous buggy sticker.

An improved system for trade promotion ordering is to be introduced in the next few months. Vantage representatives will be able to take Vantage, Hillcross and Family Health promotional orders via their portable computers, allowing delivery within 48 hours. The sales force will also be dropping off a "Vantage Initiative Manual" detailing products and services, to all 3,000 Vantage members.

The top offer point of sale material will be changed. The most popular type of show material — shelf barkers — is being retained. Window posters are not going to be available since 80 per cent go straight into the bin, but later in the year a menu board will be introduced for window display, announced Mr Kirton. It will be sectioned to incorporate shelf barkers.

Other established programmes such as sponsorship of local organisations, consumer promotions and financial contributions towards the cost of a new fascia will continue over the next year.

● Mr Morrison of the Elm Tree Pharmacy in Onchan, Isle of Man, became the 100th Super Vantage member a fortnight ago.

Vantage to sponsor late night chemists

AAH have reached a deal with United Newspapers to promote the Vantage name by sponsoring the chemist late night opening columns in over 26 local newspapers, and are currently negotiating for further slots.

"It is original, extremely cost effective and boosts awareness of Vantage right on the doorstep of over 4 million consumers," says AAH retail development manager Darren Kirton.

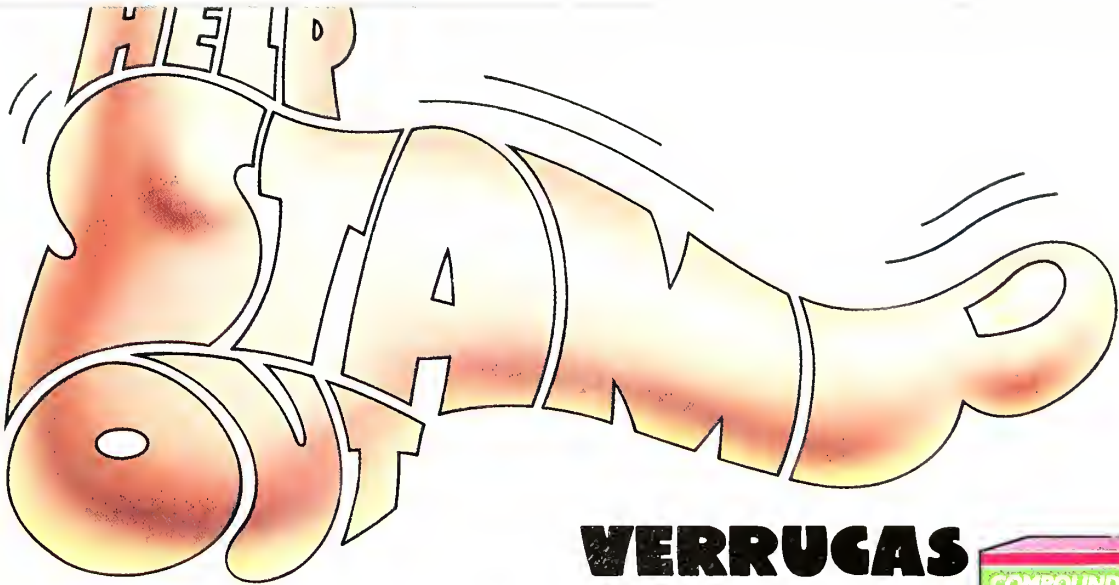
Consumer awareness of Vantage pharmacies is also to be promoted by direct advertising supported by manufacturers, who have given "an

encouraging response" to the idea. The campaign will take the form of sectional mono ads in the national Press in three week bursts of activity, targeted to attain 78 per cent coverage of C1 and C2D housewives — an audience of some 25 million consumers. The "comprehensive and competitive branded and own label range" in Vantage pharmacies will be promoted, supported by "a strong 'local friendly and advisory' message".

There are over 350 lines in the Vantage own label range — double the number in 1988. Further additions to come later this year include six more lines in

the vitamins and supplements range, more sundries and household products (sponges, rubber gloves, hot water bottles, bin liners and thick bleach), a relaunched cotton product range, and cherry and lemon throat lozenges.

In June Vantage Ultra disposable nappies will be relaunched in new packaging and sizes. There will be nine lines — mini for boys and girls, and midi, maxi, maxi-plus and junior in boy/girl — priced £5.39 and with a number of new features including larger resealable tapes, "change-me" indicators and inner and outer elasticated leg cuffs.



Help Mums get their kids back on their feet with new Compound V*, the complete verruca treatment kit.

Compound V has everything they need to stamp out verrucos quickly and painlessly.

New Compound V. The most complete verruca treatment kit.

And because it's from the makers of Compound W*, the best selling wart remover, you'd better take steps for those extra feet that will be coming through your door.



ALL PEAK FLOW METERS ARE NOT THE SAME!

There's something different about the new **Pulmo-Aide Vitalograph** Peak Flow Meter which sets it apart from all the others on the shelves.

Increased patient compliance.

As the patients must use the Peak Flow Meter themselves, every effort has gone into making the **Pulmo-Aide Vitalograph** Peak Flow Meter particularly simple and convenient for patients to use. Its unique, slimline shape means that it can simply be slipped into a pocket and carried anywhere, encouraging the patient to use it as prescribed.

A major new promotion is now underway to G.P.'s throughout Britain, aimed at increasing their awareness of the benefits of prescribing Peak Flow Meters and how the **Pulmo-Aide Vitalograph** Peak Flow Meter in



particular can help to increase patient compliance.

Prescriptions are bound to increase, so be sure to carry stock.

And, the next time you're asked to fill a prescription for 'a Peak Flow Meter', be sure to offer them the instrument that's most convenient and simple to use: the **Pulmo-Aide Vitalograph** Peak Flow Meter.

Because all Peak Flow Meters are not the same.

Pulmo-Aide Vitalograph Peak Flow Meters are available from your regular local wholesaler.



FOUNDER SPONSOR
BREATHE EASY CLUB



PHARMACY TRAINING SEMINAR

CO-SPONSORED BY

Crookes Healthcare

Headaches

This is the 24th *Chemist & Druggist* training seminar for pharmacists and their assistants, sponsored jointly with companies having a particular expertise in the title subject

From sex to Saturdays

Dr Mike Smith explains what causes the different types of headaches that commonly occur

A headache is a symptom not a disease. Nine out of ten of us experience headaches at some time — caused by triggers as diverse as sex and Saturdays!

With the enormous number of things that can trigger a headache, it is perhaps not surprising that it is the most frequent type of mild to moderate pain.

Tension

The commonest type of headache, and one that is very easily recognised, is the tension headache. The muscles of the neck and scalp knot up when we are anxious or upset. Eventually, this causes a dull steady pain on both sides of the head, which is often described as a tight band around the head. About one in three headaches are caused this way.

The neck and back muscles knot in response to an age-old conditioned response to stress, which prepares the body for "fight or flight". Nowadays we can rarely run away from problems or punch an offender on the nose, so we bottle up our hot emotions causing a headache. But tense people can be encouraged to notice the warning signs themselves — tight jaw, hunched shoulders or permanent frown — and so prevent a tension headache.

Withdrawal

Tension or stress can have a more insidious effect on our lifestyle, and too little sleep, too much caffeine from coffee or tea, and irregular meals can cause headaches or migraine.



Migraine, figure 1 (for diagnosis and correction see overleaf)

Although caffeine is said to be responsible for a lot of headaches, it is usually caffeine withdrawal that is the culprit. A particularly common syndrome is "Saturday morning" headache, caused by sudden withdrawal from the daily fix of strong tea or coffee to help the person get up in the morning and get through the day at work.

Another type of "withdrawal" headache is the hypoglycaemic headache, caused by low blood sugar. This can not only be caused by skipping a meal, but also by indulging in sugary snacks, such as chocolate, which cause a rapid rise, and an equally rapid fall in blood sugar.

The morning after

Food additives and sensitivities to these are probably more common than is recognised. The obvious headache-inducer is alcoholic drink. Alcohol lowers blood sugar and causes dehydration, both of which can cause headaches in themselves. Additionally, substances in alcoholic drinks known as "congeners", which are most common in drinks such as red wine or port, can also promote a hangover.

Other foods linked to headache are those containing tyramine. Tyramine-rich foods include mature cheeses, pickled herring or chicken livers. Sodium nitrite, found in cured meats

such as hot dogs, bacon, ham and salami, can also have the same effect on some people.

Blood vessels

Blood vessels are involved in around one in five headaches. Arteries to and in the head first constrict and then dilate, producing a migraine. It is worth knowing that most headache triggers can also cause migraine, but a migraine is often much worse than "a bad headache", and can include vomiting, or even temporary loss of speech or sight.

Most headaches are best dealt with by quiet rest or a couple of pain-killers. Not so with some migraines. Sufferers

need to identify and avoid their triggers and seek their pharmacist's and doctor's advice to find the therapy that's right for them when trigger avoidance fails.

Pain sensitive blood vessels are also responsible for another vascular headache — cluster headache, so called because attacks often come in clusters over a period of days or weeks. Cluster headaches are slightly more common in men than in women. A sufferer will often also complain of intense pain in one eye or side of the head, often with a blockage of the nose, and with tears running down the cheeks on the affected side. This will last from 30 minutes to three or four hours — shorter than a classical migraine headache.

Another type of headache which is almost exclusively male is sexual or orgasmic headache. Fortunately extremely rare, it occurs during sex — rather than before — as in the classic "not tonight, darling" headache. It has been related to effort or exertion. Effort headaches are vascular in nature, as are high altitude headaches, commonly experienced during altitude sickness.

In summary, tension,

exertion, food and drink, going out into the cold, being overtired and, for the sake of completeness, forcing on a hat that's half a size too small, are all potential triggers for headaches. Women, of course, also have the extra potential trigger of their monthly cycle — which can cause headaches in up to 20 per cent.

When to refer

When other "nerve" symptoms or signs are present — dimness, loss or flickering of vision, weakness on one or both sides of the head or body — it could be migraine or the headache associated with something more sinister like meningitis. Such a headache certainly needs a doctor's attention and possibly even a specialist's opinion.

But perhaps the most important criterion for referral is the patient's own appreciation of a change or an unfamiliar headache or symptom. An increase in the severity of the pain or an increasing frequency of the attacks, all need to be referred — just to be on the safe side. And it will never be time wasted since, when it is justified, referral alone can be therapeutic in itself.

OTC treatments for migraine and headaches

Dr Anne MacGregor looks at the ingredients in common remedies

Few people with headaches or migraine visit their doctor, and the pharmacist is often the first person approached for advice on available treatments.

The choice of analgesics is not easy as there are over 60 different brands of painkillers available over the counter without a prescription. How does the pharmacist decide which to recommend?

The three main groups of analgesics contain aspirin, paracetamol or ibuprofen. Some formulations combine more than one analgesic, and often include small doses of codeine or caffeine. There is little advantage to this — it increases the cost and it can lead to treatment problems if the drugs are taken in overdose. Drugs indicated for migraine may

contain antihistamines for their anti-emetic action to prevent nausea and vomiting or a sympathomimetic agent, which acts on the blood vessels in the brain.

Aspirin, an anti-inflammatory analgesic with a known peripheral effect, inhibits the production of prostaglandins that are involved in producing pain. It is useful for treating migraine and tension headaches as well as headaches associated with the menstrual period. The analgesic dose is 300-900mg every four to six hours, to a maximum of 4g daily.

Its main side-effects are gastric irritation and bleeding. Some people are hypersensitive to aspirin which may cause bronchospasm and skin reactions. High pitched tinnitus,

Diagnosing migraine and correctly quickly

Consultant neurologist Dr J.N. Blau, MD FRCP, joint honorary director of the City of London Migraine Clinic, takes us through his own approach to diagnosis



When a patient walks into your pharmacy and asks: "Have you anything to help my migraine?", the need for a correct diagnosis is obvious. The situation may be complicated by patients having more than one type of headache — often in addition to migraine there may be other headaches which are difficult to distinguish from migraine. However, as a rule of

thumb, daily headaches are not migraine.

Let me tell you how I make the diagnosis. I try to elicit a picture illustrated in figure 1 (previous page). Migraine is twice as common in women as men and there are three major symptoms: **headache, nausea, which in some attacks increases to vomiting, and dislike of lights.** The fourth essential is

that **episodes must last four-72 hours.** Additional features include pallor and feeling cold.

In 85 per cent of patients there is no visual aura, called common migraine or migraine without aura; 14 per cent have flashing lights lasting five-60 minutes before the headache starts, called classical migraine or migraine with aura; and only

1 per cent have the visual warning and no ensuing headache.

So I ask the following questions:

● **How old were you when you had your first attack?**

Migraine often starts in the teens or 20s but we do see patients where attacks commence in childhood or in the 30s. After the age of 40 specialist

Table 1. Precipitating factors of migraine headaches

- | |
|----------------------------|
| 1. Lack of food |
| fasting |
| delayed/missed meals |
| too little food |
| snack/salad/sandwich |
| 2. Specific foods |
| cheese/chocolate |
| alcohol/red/white wine |
| other |
| Chinese food |
| coffee/tea/other |
| 3. Sleep |
| too much/too little |
| 4. Hormones (females only) |
| Periods: |
| before/during/after |
| menstruating |
| post-menopausal/the pill |
| premenstrual/pregnancy |
| 5. Head and neck pain |
| eyes/sinuses/neck |
| teeth/jaws/other |
| 6. Environment |
| heat/cold/light/noise |
| cinema/shopping/parties |
| smells |
| 7. Exercise or travel |
| 8. Allergy |
| 9. Stress |
| during/after |
| 10. Smoking |

vertigo and deafness may occur after toxic amounts and, occasionally, after therapeutic doses but the effects are reversible.

Its use is contra-indicated for those with stomach pain or indigestion, bleeding disorders and children under 12 years due to its link with Reye's syndrome. This acute brain syndrome has been reported following the use of aspirin in small children with infectious illnesses such as influenza or chickenpox.

Aspirin should not be given with anticoagulants as it may increase their effects and should be used with caution by those with gout or those with kidney or liver problems.

Ibuprofen, like aspirin, is an anti-inflammatory analgesic with a known peripheral effect. It is longer acting than either aspirin or paracetamol, and as effective as either. It is generally well tolerated and, although its side-effects include gastro-intestinal disturbances and bleeding, it is gentler on the stomach than aspirin. Skin rashes have also been reported.

Contra-indications are the same as for aspirin and it should not be used during pregnancy. It is not recommended for children. The dose is 1.2-1.8g daily in divided doses, to a

maximum of 2.4g daily; it is available OTC at a recommended dose of 200-400mg, to a maximum of 1.2g daily.

Centrally acting **paracetamol** has only weak anti-inflammatory activity. It is therefore of less use than aspirin or ibuprofen in the treatment of headaches arising from muscle tension or related to menstruation, but can be taken by those who cannot take aspirin, as well as by children.

It has minimal side-effects but prolonged use or overdosage may result in severe liver damage. It can be taken in pregnancy but should be used with caution by those with liver problems. The dose is 500mg every four-six hours, to a maximum of 4g daily.

Added extras

Codeine is an opioid analgesic. There is debate as to whether or not there is any therapeutic advantage in its combination in doses of 6-30mg with aspirin or paracetamol. Side-effects include nausea, vomiting, constipation, dizziness and drowsiness, and a mild physical dependence may develop with prolonged regular use.

Caffeine, a naturally



occurring alkaloid found in tea and coffee, acts on the central nervous system producing a condition of wakefulness and increased mental activity. It has limited therapeutic usefulness but some painkillers include 10-15mg per tablet. The chronic intake of over 500mg daily is associated with "caffeineism" and withdrawal may itself induce headache.

Antihistamines include buclizine hydrochloride, cyclizine hydrochloride and doxylamine succinate, which have anti-emetic actions. The most common side-effect is sedation of varying degree. Anticholinergic effects such as constipation, difficulty in passing urine and a dry mouth may occur. Occasionally antihistamines cause a severe allergic reaction and anaphylaxis. They should not be used in the first three months of pregnancy, before driving a car or operating dangerous machinery, or by people with a history of previous sensitivity. People with a history of kidney disease should use them only with caution.

Isometheptene mucate — an agent which resembles adrenaline — is thought to relieve vascular headache by constricting cranial and cerebral blood vessels. It can cause transient dizziness in hypersensitive patients, but this can usually be eliminated by reducing the dose.

Contra-indications include severe renal, hepatic or organic heart disease, severe hypertension, glaucoma, concomitant use of monoamine oxidase inhibitors and pregnancy. It should be used with caution by those with diabetes mellitus or hyperthyroidism.

Analgesic induced

The regular consumption of analgesics on a daily, or near daily basis, may result in a drug-induced headache. The headaches usually occur daily and are most severe in the morning when plasma levels of the drug are at their lowest. When the patient takes analgesics, the symptoms are partially relieved until plasma levels fall again.

If you know that someone is frequently buying analgesics or OTC migraine treatments, particularly if they have been

taking 30 or more tablets a month for the previous three months, refer them to their doctor.

Although headache is a common problem, only a small percentage of headache sufferers will visit their GP; most rely on OTC treatment available from the pharmacist.

For many years most branded and generic formulations contained either aspirin and/or paracetamol. However, in 1983 ibuprofen became available as an alternative.

But how effective is ibuprofen in the treatment of headache, when compared to aspirin and paracetamol? Most studies comparing the efficacy of these analgesics have been undertaken by GPs or in occupational health departments and the results are unlikely to be representative of the general community. However, one unique study was carried out in a pharmacy setting with the cooperation of 31 community pharmacies; it was reported in the *Pharmaceutical Journal*, (1987, 238, 561).

Patients seeking advice from the pharmacist for the treatment of headache were invited to test a single dose of identical capsules containing one of four treatments: ibuprofen 400mg, aspirin 650mg, aspirin 1000mg, or paracetamol 1000mg. The pharmacist assessed suitability for inclusion into the study before allocating the randomised treatment, and all patients gave their informed consent.

Each patient kept a record of the pain severity before treating a moderate or severe headache with the study treatment and at regular intervals for the following three hours.

Data from 339 patients (an 82 per cent return rate) were assessed. The results showed that 400mg ibuprofen gave significantly better pain relief overall, than either 650mg aspirin or 1000mg paracetamol, and provided faster pain relief than either 650mg aspirin or 1000mg aspirin.

In conclusion, the ideal choice of drug in the treatment of headaches is the one that works for the individual and that the patient has most confidence in. Finding this may involve trying several different formulations before finding the most effective.

referral is required.

● How frequent are your attacks?

Once a week to one in three months are common replies.

● How long do your attacks last?

A day or better part of the day is frequent, but the range of four-72 hours mentioned above.

● How are you between attacks?

"Fine" or "perfectly well" are typical responses.

Typical

I then take the patient through a typical attack from its beginning to the end.

Some patients experience warning symptoms a few hours before the onset of an attack. These may be in the form of mood changes causing an elevation or a lowering of spirits, being unduly tired or yawning inappropriately, or having cravings for sweet foods. Following this comes the aura, if there is one.

The headache builds up slowly over one half to three hours to reach its maximum intensity. The pain may be on one or both sides of the head. It is often deep seated and may move around in different attacks or even in the same attack.

As the headache increases patients start to look pale and may feel nausea. Ordinary light becomes unpleasant, producing a dislike of lights (photophobia), and noises sound louder and may become intolerable (phonophobia). At that stage patients want to lie still because head movement accentuates the pain and they often want to be alone because they are tired and cannot think; speech may also be affected. Sleep, if possible, is welcomed because then the

pain is not felt and sleep often resolves attacks.

Once the headache has gone most subjects feel tired and washed out for several hours, although a few feel relieved or even "high".

Obtaining such a history takes about three to four minutes but it does need experience and an observant and unequivocal patient. A quiet area of the pharmacy should be used.

Triggers

Next, I need to know what provokes attacks and ask the patients what they have found can cause their migraine. They usually know one to three precipitants (or "triggers"), but going through the list (table 1) usually doubles the number in most cases. However, one has to be aware that these precipitants can cause another headache which is not migraine and the patient can frequently distinguish between these two varieties.

A recent headache or one that is rapidly increasing in severity should make one cautious of accepting the diagnosis of migraine. Blackouts, of any sort, are not part of the migraine, neither is progressive weight loss. If there is any doubt the patient should be encouraged to seek medical advice, preferably taking a record of recent attacks.

In most cases early treatment with analgesics, with or without an anti-nauseant, preferably with a cup of tea and a little bit to eat and sitting quietly for half an hour, is a useful measure for aborting attacks. Only a few patients need prophylactic medication for a while, say two to three months, to take them through a bad patch.



Headache at 10.00. St. Mark's at 12.00.

... Time for Nurofen.

Clinical trials have shown that Nurofen is more effective than aspirin or paracetamol in relieving headaches. And unlike some combination products that include codeine, it doesn't cause constipation or dependence.

Nurofen (ibuprofen) also performs well in relieving most other common indications: period pain, dental pain, muscular aches, flu symptoms. Also, unlike paracetamol and codeine, Nurofen has anti-inflammatory properties.

This efficacy is accompanied by an equally impressive safety record. Nurofen is safer in overdose than either aspirin or paracetamol, and less likely than aspirin to have an adverse effect on the gastrointestinal tract.

Since Nurofen and Nurofen Soluble are sold only in pharmacies, more and more customers are bound to come to you for them. So ask for our new Professional Guide to Pain Relief: it'll help you recommend Nurofen on the basis of hard clinical data. And when you compare Nurofen to any other analgesic, we think you'll come to the inevitable conclusion – there is no comparison.



48 TABS



Nurofen. When it's time to recommend.

If you would like to receive our Professional Guide to Pain Relief, write to Crookes Healthcare Limited, P.O. Box 94, 1 Thane Road West, Nottingham NG2 3AZ

.....Making labour easier

Charlotte Fry, Catherine Duggan and Ian Bates continue their series on drugs and pregnancy with a look at labour

Labour is the name given to the physiological process by which the foetus, placenta and membranes are expelled from the body. Generally this occurs between 38 and 42 weeks and is divided into three distinct stages; the first, second and third stages of labour.

Onset of labour

The precise aetiology of the onset of labour is not known: it is thought to be a combination of foetal and maternal factors.

Smooth muscle generally contracts when stretched, but uterine smooth muscle (myometrium) contractions do not commonly occur pre-term. Progesterone and oestrogen have opposing effects on the myometrium — progesterone inhibits contraction.

As full term pregnancy approaches, several factors may contribute to the onset of labour (see Table I). The foetal adrenal glands mature and levels of circulating cortisol and androgen rise. Maternal levels of progesterone remain fairly constant or fall slightly, whereas the circulating maternal oestrogen level rises.

The alteration in the ratio of

oestrogen to progesterone may lead to a relaxation of the effect of progesterone on uterine smooth muscle and to the release of prostaglandins. The prostaglandins are thought to act directly on uterine muscle, increasing contractile ability in response to oxytocin.

Prior to the onset of labour, circulating levels of oxytocin in the mother are constant, at a low level. As labour begins a bolus release of oxytocin occurs from the pituitary and effective circulating concentrations are achieved. There is also a release of foetal oxytocin during labour, although it is not known if this is a consequence of labour or a direct stimulant action.

First stage

This is the time taken from the onset of regular contractions to full dilatation of the os uteri (the opening of the cervix of the uterus into the vagina) and comprises effacement of the cervix and retraction of uterine muscle.

Effacement of the cervix may start in the latter two weeks of pregnancy due to the strong Braxton Hicks contractions which can occur. These are

irregular and painless uterine contractions that occur with increasing frequency throughout pregnancy.

Progressive dilatation of the os uteri is a true sign of labour. Progress is assessed by the midwife or doctor by examination, and dilatation is measured in centimetres. Full dilatation is approximately 10cm, but may be greater or smaller depending on the size of the foetal head.

The cause of pain during contractions may be due to the development of ischaemia in the muscle fibres and is frequently accompanied by backache, caused by stimulation of sensory fibres passing via the sacral plexus.

Contractions are stimulated by a pacemaker situated in the cornu of the uterus (the lateral prolongation of the uterine cavity into which an oviduct opens). These contractile waves pass over the uterus inwards and downwards; between contractions the uterus relaxes.

As labour progresses the contractions become longer,

provided to the requirements of the mother. Fluids may be taken but glucose is not recommended as this can lead to a hyperosmolar state.

Second stage

This is the period from full dilatation to the delivery of the child. The nature of the uterine contractions change and the mother has an urge to bear-down. The expulsive contractions occur every 2-3 minutes and are aided by the voluntary muscles of the diaphragm and abdominal wall.

The foetus is moved down the birth canal and makes a series of twists and turns to adapt to the changes in the shape of the mother's pelvis, known as the mechanism of labour.

Inhalational analgesia may be given at this stage, but often pain relief is not as great a priority for the mother as it is in the first stage. As the foetal head descends onto the perineum, a local anaesthetic may be injected and episiotomy performed. After delivery of the head, it is allowed to rotate so that the shoulders may be delivered, and the rest of the body then follows easily.

Third stage

This is the time from birth to expulsion of the placenta and membranes. The separation of the placenta from the uterus begins with the contraction which delivers the baby's trunk.

There is a marked reduction in the size of the uterus and the placental site diminishes. It is inelastic and is shorn off the uterine wall in the following three or four contractions. As the uterine muscle continues to contract blood loss is minimised, but because the consequences of post-partum haemorrhage are so serious, the use of a prophylactic oxytocic drug is now routine in those at risk.

Table I

Onset of labour Hormonal Contributors

Maternal	Foetal
Oestrogen	Cortisol
Progesterone	Androgen
Prostaglandins	Oxytocin

stronger and more frequent. At the end of first stage labour contractions occur every 2-3 minutes and last for 45-60 seconds. The membranes rupture due to the force of the contractions, allowing the foetal head to descend and apply pressure.

During first stage labour, analgesia may need to be

Continued on p802

With 45% of the hair removal market...

Continued from p801

Drugs for labour and delivery

Drug molecules, along with nutrients and other chemical substances within the body, are subject to trans-placental transfer. The rate and extent of transfer is governed by several factors, including the lipid solubility of the ionized molecule. The greater the lipophilicity the more rapid the transfer.

The thickness of the outer ectodermal epithelium (the

(ethanol) and anti-prostaglandins.

Tocolytics decrease the amplitude of the contractions by their sympathomimetic action. Salbutamol is usually commenced with a slow intravenous infusion of 10 micrograms/min up to 45 micrograms/min, titrating the flow rate until contractions diminish in strength, duration and frequency. Therapy may then be converted to oral salbutamol 4mg q.d.s. when adequate control has been achieved.

Ritodrine hydrochloride is given by intravenous infusion in

Table II
Examples of foetal drug distribution

Drug	Route	% Foetal Serum Concentrations		
		30 mins	30 to 59	60 to 120
Erythromycin	po			25
Tetracycline	po			50
Streptomycin	im			50
Barbiturates	iv	100		
	po		75-100	
Phenothiazines	iv	100		
Morphine			75	
Pethidine	im		75	

trophoblastic barrier) also influences drug transfer, and as pregnancy progresses the thickness of the barrier decreases and the placental area increases. This favours a more rapid transfer and distribution of drug substances.

Table II shows that trans-placental transfer of drugs will lead to the foetus being exposed to the drug in concentrations approaching 100 per cent of that found in the maternal serum. Accumulation may occur as the foetus has underdeveloped metabolism and immature organs which are less able to excrete metabolic products.

The foetus will be subjected to the same adverse effects that the drug causes in the mother; these considerations are essential in choosing appropriate drug administration in labour. For example, morphine and pethidine are distributed across the placenta to the same extent following intramuscular injection, but pethidine has a shorter duration of action and is associated with a lower incidence of respiratory depression than other opiate analgesics. This makes it more appropriate for use in obstetrics.

Drugs used in premature labour

Premature labour is classified as occurring before the 37th week of pregnancy, often resulting in low birth weight infants. Table III gives the main causes of premature labour.

Drug therapy for uncomplicated premature uterine contractions includes tocolytics (ritodrine, salbutamol), spasmolytics

Table III
Causes of premature labour

- Pre-eclampsia
- Hypertension
- Multiple pregnancy
- Rhesus iso-immunization
- Congenital
- Cervical incompetence

the range 50-300 micrograms/minute. The infusion is given for between 12 and 48 hours after cessation of contractions when oral therapy of 10mg q.d.s. may be given for four weeks or until the 37th week of pregnancy.

Isoxsuprine hydrochloride is also indicated for premature labour but its use has been superseded by salbutamol and ritodrine. The common side-effects of tocolytics include foetal and maternal tachycardia, tremor, nausea and vomiting.

Tocolytics are contraindicated in patients with pregnancy associated hypertension and must be used with care in the diabetic patient.

Spasmolytics act by stimulating the release of vasopressin from the pituitary gland.

Prostaglandin inhibitors (for example aspirin and indomethacin) inhibit prostaglandin synthesis. However their use is controversial as there is evidence to show they cause premature closure of the ductus arteriosus, thereby endangering

the foetus.

Dexamethasone has been given to women with established pre-term labour as it is claimed to promote maturation of the foetal lungs, but the efficacy has been questioned and there are also reports of cardiac failure during labour.

Induction

The drugs used for induction of labour are oxytocin (as synthetic oxytocin, Syntocinon) and prostaglandin analogues. Synthetic oxytocin is given by intravenous infusion to induce or augment labour, usually in conjunction with artificial rupturing of the amniotic membrane.

The best control is obtained using automatic infusion pumps and the dose is titrated to individual response. Uterine activity is carefully monitored to avoid overstimulating. Oxytocin should be used with caution in cases of multiple pregnancy, breech presentation or where placental insufficiency is suspected.

Prostaglandins are used either to ripen a closed cervix or to induce labour in the already ripe cervix. Commonly a prostaglandin pessary is inserted, and if the cervix does not immediately respond, the process may be repeated. Should the second pessary not induce labour then an oxytocin

infusion is used to continue the induction process.

Prostaglandin preparations include dinoprostone (Prepidal, Prostin-E2) and gemeprost (Cervagem). Dinoprostone is available as cervical gel, oral and vaginal tablets, intravenous solution and extra-amniotic solution. Its use is contraindicated in foetal

Table IV
Indications for induction

- Material of foetal disease
- Risk of placental malperfusion
- Pre-eclampsia
- Post maturity
- Rhesus incompatibility
- Bad obstetric history

distress, multiple pregnancy and previous history of traumatic labour. The side-effects of dinoprostone are dose related, occurring most commonly after intravenous administration and include nausea, vomiting and unduly severe uterine contractions.

Gameprost is available as vaginal tablets and is used to facilitate dilatation of the cervix in transcervical operative procedures, abortion and intra-uterine death.





Moments after birth: A safe delivery and a healthy baby.

intramuscular injection of between 75-100mg depending on the weight of the mother (ideally 2mg/kg).

Tranquillisers given during labour do not have a direct analgesic effect but are thought to potentiate analgesia, whilst reducing anxiety and exerting an anti-emetic effect. Those commonly used are promazine and promethazine.

Inhalational analgesics

Entonox is a mixture of nitrous oxide and oxygen in equal proportions, providing pain relief and maintaining an ample supply of oxygen necessary for maternal and foetal safety.

The mother receiving inhalational analgesia must be medically fit and it is usually administered towards the end of the first stage of labour when it is not advisable to give systemic analgesia. A mouthpiece or mask may be used and the mother is instructed to breathe into the mask as soon as the start of the contraction is felt, because the nitrous oxide takes between 20 and 40 seconds to reach full effect. During second stage labour the mother may wish to take nitrous oxide before pushing.

Regional and local anaesthetics

Regional and local anaesthetics may be given as epidural, paracervical or pudendal nerve block and local anaesthetics are used for perineal infiltration during the repair of episiotomies. Epidural analgesia uses the introduction of a local anaesthetic into the epidural space. It may be given as a single dose, but more commonly a catheter is inserted so that "top-up" doses may be administered. Between 80 and 90 per cent of mothers experience total pain relief.

The drug of choice is bupivacaine, at a variable dose, usually between 8-16mls of the 0.25 per cent solution. The effects last for 2-3 hours and may be topped up if required. The blood pressure and pulse of

the mother must be carefully monitored throughout this procedure.

Complications of epidural block include hypotensive toxic reaction to the local anaesthetic, foetal bradycardia and total spinal anaesthesia, which is rare.

Paracervical nerve block, using lignocaine and adrenaline, is achieved by infiltration of Lee-Frankenhauser's plexus. It eliminates the pain of cervical dilatation, whilst uterine contractions and perineal stretching can still be felt. Infiltration around the pudendal nerve with 10ml of 1 per cent lignocaine provides analgesia of the lower vagina and the perineum. This is especially useful in delivery by forceps or breech presentation and can be used during the repair of episiotomies.

Post-partum haemorrhage

Post-partum haemorrhage is defined as the loss of over 500ml of blood from the vagina. The blood loss may be during or immediately after third stage labour and is termed primary post-partum haemorrhage, or may occur as secondary post-partum haemorrhage, bleeding occurring after the first 24 hours since delivery.

Prophylaxis against post-partum haemorrhage is used in risk patients or those with a history of previous haemorrhage. The mother is given an injection of ergometrine maleate 0.5mg (i.v. or i.m.) or given Syntometrine (a mixture of ergometrine and oxytocin) intramuscularly. To control haemorrhage ergometrine or Syntometrine may be used, or an infusion of synthetic oxytocin.

Light secondary post-partum haemorrhage is controlled by giving intramuscular Syntometrine for three doses at eight hourly intervals and where heavier haemorrhage is encountered the uterine cavity must be explored under anaesthesia.

● The first part of this series "Pregnant and ill, too" was published in the March 13 issue of *Chemist & Druggist*.

Analgesia

Pain is a personal experience influenced by cultural background, fear and previous experience. Whereas in Western culture childbirth is considered a painful experience, in areas with more primitive medical facilities it is not associated with pain and distress.

Systemic analgesics

Pethidine produces prompt and short-lasting analgesia with sedative and anti-spasmodic effects. It is usually administered

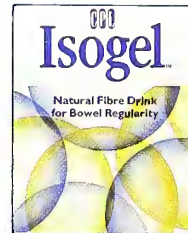
by intramuscular injection, intravenous injection or intravenous infusion.

The dose varies between 50-200mg and is dependent on the route of administration, level of pain and maternal weight. Pethidine crosses the placental membrane and can cause foetal respiratory depression, therefore it should not be given within 2-3 hours of expected delivery.

Meptazinol has partial opiate antagonistic properties and shows little effect on cardiovascular or respiratory function. The usual route of administration is by

...Immac will generate...

*Charwell?
Yes, Isogel,
I swear
by it.*



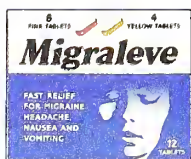
And so do thousands of others, every day. Isogel is effective in stabilising the bowel in cases of diarrhoea, constipation and Irritable Bowel Syndrome – a condition suffered by a third of all adults.

With a 40% cost saving for your customers, a long history of prescribing and pharmacy recommendation Isogel continues to be a firm favourite.

Effective products and effective marketing – that's why Charwell brands make profits for you.

CPL

CHARWELL
CARE FOR YOUR
CUSTOMERS
PROFIT FOR YOU



The complete Charwell range is available from your wholesaler. For more information telephone or write to Charwell Pharmaceuticals Ltd, Charwell House, Wilsom Road, Alton, Hampshire GU34 2TJ Tel: (0420)84801 Fax: (0420) 89376

Unichem book their place in the sun

Unichem have paid £4.95 million cash for two Portuguese wholesalers and have taken out an option on a third. However, Unichem's European joint venture, PAG, are not involved in the deal.

The UK wholesaler has bought the two northern Portuguese wholesalers, Granado, Irmão & CA, and Manso Preto and have a three month option to buy Martins, Macho e Bilelo in central Portugal for a further £4.27m.

Outgoing chief executive Peter Dodd told C&D: "It all started with a Portuguese wholesaler being approached by a mainline wholesaler in Europe; the management decided they ought to sell but that the purchaser ought to be Unichem". Unichem is apparently well-known in the Iberian peninsula as a successful British wholesaling operation, and Mr Dodd speculates that the company prefers to be British because of the historical ties between the two companies.

The two wholesalers Unichem have already bought have a combined turnover of £39.5m and pre-tax profits of around £1.51m; Martins have sales of £14.1m. Taken together, the three businesses have about 10 per cent of the Portuguese market and 20 per cent of northern Portugal's business. All were family owned private companies.

Unichem's new finance director Grahame Sewell told C&D: "The margins in Portugal are not dissimilar to the UK though at the lower end of the scale.

"Competition in Portugal is currently very fragmented and the country can expect to see some

rationalisation and concentration in the industry."

Mr Dodd commented: "We believe we will swiftly increase the profitability of these companies. Initially we are going to get to grips to improve efficiency of the individual businesses but we will assess the market and their methods and make our longer term decisions from that.

"The deal has been made with the knowledge and approval of PAG. We may be prepared to offer them a stake in a few months time, but we are not sure about that".

Mr Dodd said there will be input

in the companies both operationally and financially. "They have good, lively local management but we will supplement that from here".

Mr Sewell said Unichem continue to see the company strategy in three main areas: as leading UK wholesalers, optimising opportunities in domestic retailing, and increasing the company's presence in Europe.

Unichem's non-executive director Michael Bardsley, who has experience managing Portuguese businesses, will supervise the management of the three businesses.

UBR up 'in line with inflation'

Legislation to be introduced in the first session of the new Parliament which opened on Wednesday includes a Bill to limit the increase in the UBR in the current financial year to the level of the rise in

inflation. This was one of the measures announced in the March Budget, when lack of parliamentary time meant it could not be introduced before the General Election.

E.C. De Witt buy Witch Stik

E.C. De Witt & Co have bought Ethichem, owners of the Witch Doctor and Witch Stik therapeutic skin care brands, for an undisclosed sum.

The company has taken over sales and distribution for the brands with immediate effect.

John James, E.C. De Witt's managing director, says: "We are delighted to add Witch Doctor and Witch Stik to our brand portfolio".

Gees Generics

Customers for IMS products now have a choice of sources. Direct orders are still available through IMS (tel: 0327 703231). However the products are also available from Gees Generics, 38 Woolmer Way, Borden, Hants GU35 9QF (tel: 0420 487501).

SB look East

Smithkline Beecham have bought the East German influenza vaccine company Sächsisches Serumwerke. SB plan to spend some DM10m over the next five years to bring the Dresden company up to EC standards.

P&G nappy deal in doubt

The European Commission's qualified approval for the proposed merger between the Swaddlers and Pampers nappies businesses (C&D Nov 2, p767) has been thrown into doubt. Fears have been expressed that Pampers manufacturers P&G are already in a dominant position in baby nappies in terms of market share and financial and human resources.

The upshot is that the Commission has issued a statement that it is no longer in a position to confirm its intention to adopt a favourable attitude to the deal between P&G and Finaf (who make Swaddlers) as far as the nappies part of the deal is concerned.

Peadouce, whose business was most threatened, are understandably cock-a-hoop. The reversal is the first in the history of the Community's executive, say Peadouce, and it has come after the Commission were shown that the alliance could severely restrict competition in the European disposable nappy market.

Under the deal passed by the Commission the Italian manufacturer Finaf and P&G were to create joint ventures in Italy, Spain and Portugal but P&G would not get Swaddlers UK. Peadouce feared the deal would allow P&G and Finaf to dominate production in some parts of Europe.

Initially the Commission had been treating the transaction as involving the market for all sanitary products, including nappies.

"Unless the Commission receives satisfactory proposals from the parties regarding the baby nappies market it will pursue procedure according to the competition rules of the Treaty of Rome," says a Commission statement.

...more turnover.



Immac



Immac

Immac

Immac

Fisons put consumer health division up for sale

Fisons have decided to sell their consumer health and horticultural divisions. Market observers believe this could raise up to £300m for the struggling pharmaceuticals manufacturer and will allow management to concentrate on the businesses' core activities.

Chairman Patrick Egan said: "Both are excellent businesses earning good returns for Fisons. However, the new management has taken a fresh look at the strategic direction of the group and decided to concentrate resources on the two core activities — pharmaceuticals and scientific equipment."

The consumer health business has operations in North America, the UK and Australia and its portfolio of products includes Sanatogen, Paracodol, Desenex, Allerest, Myoflex and Roskens. Last year it achieved sales of £84m and operating profits of around £10m.

Sales of the horticultural division last year were £96.7m and operating profits reached £11.5m.

Recently appointed chief executive Cedric Scroggs is expected to follow a strategy of concentrating on anti-inflammatory drugs and drugs for the central nervous system. He seems likely to sell any cardio-vascular products as a package to another company.

The US Food and Drug Administration has completed its inspection of Fisons' manufacturing plant for Opticrom, one of two Fisons drugs hanned in the US last year following criticisms of manufacturing standards. However, there is no change of the status of the drug yet.

Fisons' problems began when Opticrom and Imferon were both withdrawn. Sales of Opticrom were £45m last year and the loss of the American market for Opticrom and Imferon is believed to have cost the

company some £65m.

The company is anxious to get Opticrom back onto the US market in time for the hay fever season.

Fisons have already indicated that they may not try to get Imferon reinstated as the costs of bringing production up to standard could run as high as £30m.

Fisons, anxious not to damage their negotiations with the FDA over Opticrom, say it would be inappropriate for the company to comment on the inspection of their Holmes Chapel facility.

Early warning on health regs

The Health and Safety Executive has published a leaflet providing early warning of changes in the law on Health and Safety at work.

The Regulations require employers to:

- Assess the health risk to employees and anyone else affected by a business's work activity
- Make arrangements to put preventative and protective measures into practice
- Carry out health surveys of employees where appropriate
- Set up emergency procedures
- Provide adequate health and safety training and information.

The Regulations will also place a duty on employees to follow health and safety instructions and report dangerous situations and practices, and will extend the current law which requires an employer to consult and provide facilities for employees' safety representatives.

The new Regulations, which are being introduced to meet EC Directives, come into force for new businesses in 1994.

"New Health and Safety at Work Regulations" IND(G)124L, free from Health and Safety Executive area offices (number in local phone books).

Superdrug create a stink over perfume prices

Superdrug are to challenge the pricing structure for perfumes by setting up cut-price fragrance counters in a dozen of their stores.

However, the drugstore chain will be forced to buy perfume stocks on the so-called grey market to supply their outlets.

Superdrug stores in Exeter in Devon, Hanley in Stoke-on-Trent, Slough, Peterborough, Banbury, Chatham, Croydon Brierley Hill, Brighton, and Manchester will be selling perfumes undercutting current prices by up to 30 per cent from September. The company is already pursuing this policy at Epsom and Newcastle-upon-Tyne.

Geoff Brady, Superdrug's buying and marketing director, says: "The perfume houses still refuse to supply us — either because we are selling their products at considerable savings or because of an inherent snobbishness."

"So we buy our supplies from overseas wholesalers." He says that they are genuine fine fragrance products which the company often has to pay more for than UK chains.

Superdrug see their action as a serious challenge to the "cosy club" of perfume companies and "friendly retailers" such as Boots and Harrods.

"We are not out to wreck the luxurious image of fine fragrances — just to sell as wide a range as possible at realistic and more affordable prices".

Superdrug say they do not sell any products at manufacturers' recommended prices. The company plans to sell the perfumes only in its refurbished stores.

SB research

Smithkline Beecham have signed an agreement with British Biotechnology for collaborative research into metalloproteinase inhibitors (MMPis), which may be useful treatments for cancer and arthritis.

Under the terms of the agreement the companies will pursue joint research and development and marketing but will fund themselves separately.



LEC have added a 9.8cu ft fridge to their specialist range for pharmacy. It meets Department of the Environment specifications for the safe storage of vaccines, insulins and general drugs and optional extras include a temperature chart recorder, audio/visual alarm system, castors and extra shelves

NPA respond to Glaxo

The National Pharmaceutical Association has written to Glaxo in response to the pharmaceutical company's revised discount scheme.

Tim Astill, NPA's director, says the NPA board has welcomed the new Glaxo discount scale as "a step in the right direction from a purely financial point of view".

However, Mr Astill points out that the new scales introduced last week take no account of losses sustained by pharmacists in February, March and April. "Nor will it resolve the continuing problem of the greatly increased paperwork generated".

Mr Astill says there are still a great many NPA members who have not been visited by a Glaxo representative since the last Glaxo circular letter to customers.

Coming Events

Wirral MCA course

Places are still available for counter assistants on an MCA course being run through Wirral FHSA. The course starts on June 4 and will run on Thursday evenings for six weeks from 6.30 to 9pm, at the FHSA training Room, St Catherine's Hospital, Birkenhead.

The course is being part funded by the FHSA. Further details are available from the course organiser Sheila Chantler (tel: 051-648 1606).

Monday, May 11

Plymouth Branch, NPA, at Boringdon Hall, Colebrook, Plympton, Evening meeting on "Pharmacy in the future". Details from Ian Parker (tel: 0752 263010).

Tuesday, May 12

South Cheshire Branch, RPSGB, at the Peacock Hotel, 221 Crewe Road, Nantwich, 8pm. "Aromatherapy" by Mrs J. Roach, Leighton Hospital, Crewe.

Thursday, May 14

Cardiff Branch, RPSGB, at the Copthorne Hotel, Culverhouse Cross, 7.30pm. Annual meeting. Billiard room available from 6pm onwards.

Slough Branch, RPSGB, at the Thames Hotel, Maidenhead, 8pm. Industrial meeting — "We've only just begun" by Professor Trevor Jones, research director, The Wellcome Foundation. Buffet from 7.15pm.

Advance Information

Regulatory issues in biotechnology. Royal College of Physicians, London NW1 on June 3. Details from William Hill, Bios Conferences (tel: 0276 73363).

UKCPA study day. Critical care interest group study day — "Sepsis syndrome" at the Robens Suite, Guy's Hospital, London on June 19. Registration fee £15. Details from Pat Kennedy (tel: 0533 552020).

Product liability and medicines. At the Royal Society of Medicine, 1 Wimpole Street, at 5.30pm on May 28. Contact Samantha Greshoff at the RSM (tel: 071-408 2119) if you want to attend.

Classified

PHARMACIST LOCUMS

HOSPITAL/COMMUNITY PHARMACY POSTS

Now!

Leaders in Pharmacy placements since 1965, we bring employers and pharmacy professionals together - fast. You'll trust our friendly, personal service.

Call Julie Menghius - NOW!

071-486 3898

Medical & General Employment Agency

6 Paddington Street London W1M 4BE

24 hrs. A'phone: 071-224 1897 Fax: 071-224 4924



OUR EXPERIENCE - YOUR ASSURANCE

LOCUM-LINK



Member of the Henry I. Perlow Group
National Pharmacy Locum Agency

TELEPHONE 081-907 9894

Kent/Sussex Office 0892 510526

We invite Pharmacist Locums to apply for registration

RE2/101

ELANS LOCUMS SERVICE

New Agency — West Midlands and surrounding areas

Call (021) 4335164 or (0831) 407044

to book or register now!

24 HOUR SERVICE

qpc

COMPLETE PHARMACY CARE

qpc

SCOTLAND'S ESTABLISHED INDEPENDENT LOCUM AGENCY

For straightforward charges, no hidden extras and a personal service call the agency that cares. C.P.C. invite potential locums and clients to call

qpc

031 441 4445 or 0831 626 427



NORTHERN LOCUMS

Agency (Lic. No. YH1599)

Areas covered:

Yorkshire, Newcastle, Manchester, Liverpool

Leeds Tel & Fax No: 0274 562066

Manchester Tel & Fax No: 061 7258063

OPEN 7 DAYS UNTIL 10PM

BUSINESS WANTED

SELLING YOUR PHARMACY?

Lloyds Chemists pay the best prices for pharmacies nationwide. Confidential negotiations and prompt settlements assured. Telephone Dick Turner on (0827) 260011 or (0543) 262001 evenings.

Lloyds Chemists Plc

Britannia House, Centurion Park, Tamworth,
Staffordshire B77 5TZ.

BUSINESS FOR SALE

ALLIANCE VALUERS AND STOCKTAKERS

120 Pannal Ash Road, Harrogate HG2 9AJ

Telephone: (0423) 531571

LEEDS

Leasehold Pharmacy T/O under management £270,000 NHS items 1,600 per month GP 28% Reduced for quick sale from £95,000 to £70,000 for GW/Fix plus SAV

NORTH NOTTS

Leasehold Town Centre Pharmacy T/O April 91 under management £238,000 NHS items 1,300 per month High GP Offers invited for GW/Fix plus SAV

COUNTY DURHAM

Main Street Town Pharmacy Turnover £422,000 NHS items 3,700 per month Lease or freehold available Offers around £225,000 for GW/Fix plus SAV

WAKEFIELD AREA

Sole Village Pharmacy Retirement sale Turnover £230,500 NHS items 2,600 per month Two half days Freehold £55,000 Offers for GW/Fix around £120,000

COMMISSION AGENTS

Leading and successful international company seeks established professional agents. There are several areas available and the ideal applicants will currently be handling four or five other agencies.

If you feel you have the necessary qualities to service and build on our current customer base, then please apply to

BOX C&D 3408

AGENTS WANTED

To cover areas of the UK for a leading food supplement company.

Must have established connections with retail and wholesale pharmacies please write to:—

Colin Bloomer, Hill Page Ltd,

**Kingmaker House, Station Road, New Barnet,
Hertfordshire EN5 1NZ. Tel: (081) 364 9999**

Contrary to popular belief we don't quite have the perfect formula ...

Vantage Pharmacies follow a proven business plan. One that does everything to ensure your success.

What makes branch management so worthwhile is exemplified by the value and support our franchisees enjoy.

An ongoing programme that really helps them run the business profitably and enjoyably.

The best range of support services in the UK. Everything from the latest computer equipment to fully trained incumbent staff. Established retail pharmacies with sales and profits history. A unique, high profile marketing programme.

Above all perhaps, the complete support of AAH, a publicly quoted company which through helping professional pharmacists develop independent businesses has become one of the largest distributor's of pharmaceuticals in the UK.

... the Formula is complete but for one Essential ingredient - YOU

A qualified pharmacist with the drive to take on the challenge of a genuine career boost. Or indeed the ambition to create a really profitable business of your own.

PHARMACY MANAGERS

Mid Devon • Laindon, Essex • Clifton, Bristol • Bilston,
West Midlands • Bournemouth, Dorset • North Kent.

Please apply with CV to David Mason, AAH Pharmacy Concessions Limited, Stonefield Way, South Ruislip, Middlesex, HA4 0JP.

FRANCHISE OWNERS

St George, Bristol • Stafford, Staffs • Isle of Wight, Hampshire

Please call David Mason on 081 842 1408 for a brochure and application form.

DAILY LOCUMS

Why not register your details with us? Individual areas of interest to us are:

- Sheffield, Yorkshire • North Kent
- Bristol, Avon • Evesham, Worcestershire
- Bournemouth and Weymouth, Dorset
- Isle of Wight, Hampshire (must be Island based).

Telephone Debbie Burls on 081 842 1408



ORRIDGE & COMPANY

Est. 1846

**SPECIALISTS IN STOCKTAKING
FOR TRANSFER AND AUDIT**

- C1915 LOTHIAN**
An ideal opportunity to purchase long established town centre community pharmacy business. Turnover year ended 31/8/91 - £495,138. Projected turnover year ending 31/8/92 - £523,724. Property with separate living accommodation and storage rooms on first floor above pharmacy. Offers invited for goodwill, fixtures and fittings, rentable property plus SAV.
CONTACT GLASGOW OFFICE
- C1884 SURREY**
Pharmacy situated on outskirts of town centre. Estimated turnover £230,000 based on 2,000 items per month. Closed for lunch with 2 half days. Freehold on lease options. Offers in region of £95,000 for goodwill, lease, fixtures and fittings plus stock at valuation. Quick sale required.
CONTACT EPPING OFFICE
- C1860 WEST END OF LONDON**
Rapidly growing pharmacy in busy location. Estimated turnover £560,000. Corner site. Long lease with current rent of £35,000 per annum. Excellent developing and printing department. Private and NHS dispensing. Price asked £275,000 for goodwill, lease, fixtures and fittings plus SAV.
CONTACT EPPING OFFICE
- C1803 NORFOLK**
Established pharmacy on outskirts of town. Estimated turnover 30/9/92 £297,161 based on 2210 items per month. 5 1/2 day week. Total authority lease £8,000 per annum. Further potential to increase turnover. Price asked £120,000 for goodwill, lease, fixtures and fittings plus SAV (£30,000 approx).
CONTACT EPPING OFFICE
- C1817 NORFOLK**
Spacious pharmacy in busy town centre. Turnover £329,206 based on 1,200 items per month, close to two doctor practice. Price asked £120,000 for goodwill, lease, fixtures and fittings plus SAV.
CONTACT EPPING OFFICE
- C1806 STOCKPORT**
Turnover £291,000 @ 26% NHS 2,600 items per month. Tenure freehold/leasehold. Price for goodwill & F&F £155,000.
CONTACT LEES OFFICE
- C1864 CHESTER**
Projected turnover to 30/9/92 £450,000 @ 25.9% NHS 5,000 items per month. Tenure leasehold. Price for goodwill, fixtures and fittings £425,000.
CONTACT LEES OFFICE
- C1794 NORTH WALES**
Turnover £280,000 @ 22.4% NHS 3,461 items p.m. Tenure freehold @ £98,000. Price for goodwill, F&F, £190,000.
- C1815 MERSEYSIDE**
Turnover £344,550 @ 28.4% NHS 2,758 items p.m. Tenure leasehold. Price for goodwill, F&F £215,000.
CONTACT LEES OFFICE
- C1898 SHEFFIELD**
Community pharmacy situated on main road in busy shopping area of Sheffield. Self contained flat above. Sales year ended 31/1/92 £180,404. Gross profit @ 30.93% £55,796. NHS monthly average 1730 items. Price for freehold, goodwill, fixtures and fittings £250,000 plus stock at valuation.
CONTACT LEES OFFICE
- C1897 SHEFFIELD**
Community pharmacy situated in residential suburb of Sheffield and located next to doctors surgery. Projected sales year ending 31/3/92 £220,000. Gross profit @ 30.4% £66,361. NHS monthly average 2,245 items. Tenure leasehold, terms negotiable. Price for goodwill, fixtures and fittings £120,000 plus stock at valuation.
CONTACT LEES OFFICE
- C1910 LEICS**
Essential small pharmacy. Grant received. Turnover £150,000 with high gross profit and low overheads. Rent £1,350 per annum. Rates £1,045 per annum. Small shopping precinct in good, well populated area. Offers around £50,000 plus stock at valuation.
CONTACT WALSALL OFFICE
- C1851 CHELTENHAM**
Turnover £300,000 increasing. Good gross profit and low overheads. Shows high return to owner pharmacist. NHS items 2,600 per month. Old estab. fresh, attractive, well fitted shop with room to expand. Serves large residential area. Visit essential. Offers around £165,000 plus stock at valuation £20,000.
CONTACT WALSALL OFFICE
- C1870 MID GLAM**
Old established Rhondda pharmacy. Turnover £230,000 with 2000 items per month. NHS items 2,100 per month. Easy hours, two half days. Property £24,000 on lease at £4,000 per annum. Offers around £85,000 plus SAV. Early viewing recommended at the bargain price.
CONTACT WALSALL OFFICE
- C1826 WEST MID**
Turnover £270,000. High gross profit. NHS items average 2,500 per month. Busy small shopping precinct with flats and car park. Extensive property with good summer living accommodation. Lease to 2010 at £2,850 per annum to 1994. Offers around £140,000 plus SAV.
CONTACT WALSALL OFFICE
- C1801 NORTH STAFFS**
Established 5 years in developing private estate, next to Health Centre. Attract two shop, good living accommodation. Evening opening. Turnover in excess of £280,000. NHS 2,000 items per month. Goodwill £120,000 plus SAV. Freehold £75,000.
CONTACT WALSALL OFFICE
- C1885 LEICS**
Shopping precinct with huge supermarket. Serves large expanding residential area. Turnover £190,000. NHS items 1,190 per month. New shop on lease at £5,500 per annum less sub let flat. Offers around £50,000 plus SAV.
CONTACT WALSALL OFFICE
- C1808 SOUTH STAFFS**
Turnover £200,000. NHS items average 2,000 per month. 4 doctor surgery nearby with crossing to pharmacy. 7.00pm closing, half day Saturday. Lease at £3,480 per annum. Low rates. Price reduced to £74,500 plus SAV.
CONTACT WALSALL OFFICE
- C1899 WORCS**
Times forces sale of newly opened pharmacy. Attractive small shop, superbly fitted. 15 doctors in area. Offered for price of fittings and equipment £25,000 plus stock at valuation. plus freehold property £81,000.
CONTACT WALSALL OFFICE

PLEASE MENTION CHEMIST & DRUGGIST WHEN RESPONDING TO THIS ADVERTISEMENT

172 High Street, Epping, Essex CM16 4AQ
Telephone: 0992 576144. Fax: 0992 574181

65 Bath Street, Glasgow, G2 2BX
Telephone: 041 332 7977. Fax: 041 332 5626

5 York Place, Leeds, LS1 2DR
Telephone: 0532 439061. Fax: 0532 423304

517 Christchurch Road, Bournemouth BH1 4AQ
Telephone: 0202 395832/396711. Fax: 0202 303793

Tudor House, Bridge Street, Walsall WS1 1EZ
Telephone: 0922 28748. Fax: 0922 612737

ERNEST J. GEORGE AND CO.

G1 NORTH WEST LONDON

Large, long established, leasehold business, turnover £290,000 based on items around 1,650 per month. Price asked £170,000 for goodwill, fixtures and fittings plus stock at valuation approximately £60,000

G2 MIDDLESEX

Leasehold business (freehold property available) turnover £260,000 based on 1,331 items per month, close to two doctor practice. Price asked £100,000 for goodwill, fixtures and fittings plus stock at valuation approximately £22,000

G3 NORTH YORKSHIRE COAST

Freehold business, turnover £200,000+ based on 1,500 items per month, close to large health centre, shop recently fitted to high standard. Price asked £53,000 for freehold property plus offers around £135,000 for goodwill, fixtures and fittings plus stock at valuation approximately £24,000

G4 LEICESTERSHIRE

Leasehold business situated on large housing estate, current turnover £170,000 based on approximately 1,000 items per month. Price asked for goodwill, fixtures and fittings in the region of £50,000 plus stock at valuation approximately £15,000

G5 ESSEX

Group consisting of one pharmacy and three drug stores with a combined turnover of over one million pounds. All properties are held on lease. Price asked for goodwill, fixtures and fittings £400,000 plus stock at valuation

G6 KENT COAST

Leasehold business turnover £400,000, gross profit 27.2%, situated in modern precinct adjacent to large supermarket. NHS dispensing 1,600/1,700. Price asked for goodwill, fixtures and fittings and leasehold interest £275,000 plus stock at valuation

G7 SURREY

Modern leasehold pharmacy, net rental £6,000 per annum with a projected turnover for the current year of £380,000, gross profit 27%. Dispensing 2,800 items per month. Price asked for goodwill, fixtures and fittings £250,000 plus stock at valuation

G8 MERSEYSIDE

Pleasant suburban pharmacy opened November 1990, current turnover £101,000 based on 1,700 plus items per month. Property leasehold at £3,500 per annum. Price asked £50,000 for goodwill, fixtures and fittings plus stock at valuation, approximately £10,000

TA18 092



**Stock Cottage,
37 Greek Street,
Stockport,
Cheshire SK3 8AX,
Telephone:
061-477 9045
Fax:
061-480 4684**

MORE THAN JUST A STOCKTAKING SERVICE

LOANS



FREEDOM LOANS

*Independent Finance for the Independent Pharmacist
Funds available for Pharmacists seeking to:*

★ purchase ★ raise capital ★ refit ★ refinance existing loans

FREEDOM to buy stock as you wish

FREEDOM to bank where you want to

*Call Doug MacLeod: 0532 444054 days 0532 391395 evenings
2nd Floor, Chancellor Court, The Calls, Leeds, West Yorkshire
LS2 7EH.*

**PLEASE
MENTION
CHEMIST &
DRUGGIST
IN YOUR
REPLIES**

HENRY I. PERLOW MRPharm S

EAST LONDON. Pharmacy with living accommodation. Annual turnover £186,000. NHS items 1,100 per month. Long lease. Rent £8,000 p.a. Reduced price for early sale £65,000 sav. REF 05226

LONDON W9. Lock up pharmacy. Annual turnover £320,000. NHS items 1,700 per month. Long lease. Rent £15,000 p.a. Price £180,000 sav. REF 01253

**TO BUY OR SELL A BUSINESS
TELEPHONE: 081-907 9894**

LOANS

100% PRACTICE LOANS

We offer professional people 100% unsecured loans to purchase, merge or re-finance a practice, so there is no need to mortgage your home to raise capital.

Various repayment methods are available to suit individual requirements for terms of 20 years or longer. We are willing to consider partnerships and sole practices.

To find out more call us on 071-242-4375 or write to J W Sleath & Co. Ltd., Insurance and Mortgage Brokers, 58 Theobalds Road, London WC1X 8SG.

Sleath

Specialists In Practice Finance

1% ABOVE BANK BASE

LOANS BY TELEPHONE

Personal or commercial loans, mortgages, re-mortgages and second mortgages confidentially arranged for Pharmacist by Pharmacist.

No employer or bank contact.

Financial problems? We can help

Telephone: 0344 874 727

DENTAL KITS

THE EMERGENCY DENTIST™ A SERVICE FOR TRAVELLERS!

A DENTAL CARE PRODUCT FOR YOUR FAMILY



SAFE, EASY TO ADMINISTER,
DENTAL REPAIR KIT
* lost crowns * fillings * crooked teeth *
STOCK UP NOW FOR THE HOLIDAY DEMAND

£2.83 + VAT per unit
Minimum order 6 pack
FREE PRODUCT OFFER
Minimum 33 1/3% POR

Call Dental Saver Products
Tel: 0275 810291
Fax: 0275 858112

LABELLING

NO MATTER WHAT YOU DO TO YOUR OLD LABELLING SYSTEM..



IT WON'T BEAT THE ALCHEMIST

Why not let us find a good home for him (P/X available)

CHEMTEC SYSTEMS LTD

TEL: (0772) 622839 FAX: (0772) 622879

LABELLING



THE NEW PARK PMR

The system with more features than any other.



PROMOTED

Simply the best

Change your PMR to the Park PMR. We can transfer the Patient Name & Address files of most popular systems to the Park System!

Full demonstration, installation, trial and training.



THE NEW PARK EPOS

Total solutions for today's pharmacy.

PARK SYSTEMS LTD
6 Vulcan Street
Liverpool L3 7BG

051-298 2233

PHARMACY COMPUTER SYSTEMS

John Richardson Computers Ltd

PMR

Latest Update 3/92

EPOS

JRC systems are renowned for their speed, ease-of-use and flexibility - They are the most widely used in pharmacy today, are constantly updated and enjoy an enviable after-sales service. You may think you can't afford the best - You'll be surprised...

FOR MORE DETAILS, OR FREE EPOS/PMR VIDEOS, PHONE 0772 323763 (FAX 0772 323003) - OR WRITE TO JRC LTD, FREEPOST, PR5 6BR

PAGE beta

LABELLING SYSTEMS

TELEPHONE 061-941 7011
FOR DETAILS AND A FREE DEMONSTRATION

- ★ AVAILABLE FOR ONE MONTH'S TRIAL
- ★ PERSONAL INSTALLATION AND TRAINING GIVEN
- ★ MULTI FEATURE SYSTEM NO EXTRAS TO BUY

Don't Settle for Less

37 STAMFORD NEW ROAD,
ALTRINCHAM WA14 1EB



THIS LOCUM IS NOT USING A PACE BETA

THE SYSTEM THAT DISPLAYS ALL INSTRUCTIONS ON THE SCREEN

POS
Check Out
EPOS

Patient Records
Interactions
Labels
Leaflets
Stock Control



PROMOTED

H H
Hadley Hutt
COMPUTING LTD

Anna Morgan, Dept C, Hadley Hutt Computing Ltd,
Stourport-on-Severn, Wores DY13 9QB.
Telephone: 0299 827826.

IN44/051

TO ADVERTISE IN CHEMIST & DRUGGIST CLASSIFIED

PHONE 0732 364422 OR FAX 0732 361534

PRODUCT RECALL

PRODUCT RECALL

Meridian Healthcare Ltd. and Arthur H. Cox & Co Limited (Cox Pharmaceuticals) are recalling Carbamazepine Tablets 200mg.

This product is manufactured by Farnos Ltd., Finland, and distributed in the United Kingdom under their own labels by Cox and by Meridian.

These distributors are recalling all the batches from this source because the product has not been made in accordance with its Product Licence. They believe there is no serious hazard to patients but wish to recall the product as a precaution.

Meridian will be recalling all batches distributed under their label.

Cox will be recalling all the batches which have been distributed under their label since April 1990. Batches distributed by Cox before April 1990 were from a different source and are not involved. The Cox products concerned may be identified by the batch numbers: ZB15 to ZB25.

Both Cox and Meridian products concerned bear the Product Licence No. PL 3649/0004.

Cox customers who have problems returning this product, can contact the Customer Services Helpline on FREEPHONE 0800 373573.

PRODUCTS & SERVICES

Magnetic health products from Japan. Knee and elbow supports, wrist bands and body belts. High profit margins.

MAGNE CARE

Phone and fax: 071-377 7563

TO
ADVERTISE IN
THIS SECTION
PLEASE
PHONE
STUART
BOURNE
ON
0732 364422
EXT 2472

Calcium Leucovorin

Tablets 15mg
&
Ready to Use
Solution

CALL DBL

Tel: (0926) 451515
Fax: (0926) 451967
Tachbrook Park, Warwick

PRODUCTS & SERVICES

DBL METHOTREXATE

TABLETS 2.5mg & 10mg

INJECTION 5mg & 5gram

Tel: (0926) 451515

or

Fax: (0926) 451967

DBL

Tachbrook Park, Warwick,
CV34 6RS

DBL

THE
MANUFACTURER OF
ADDED VALUE
INJECTABLES

For Injectables

Call DBL

First

Tel: (0926) 451515

Fax: (0926) 451967

Tachbrook Park

Warwick CV34 6RS

SHOPFITTINGS

Kick the recession and get your Business back on Target!

Our Business is improving your Business and creating
Shopfitting & Designs Concepts
That Work

We Offer

A complete shop fitting & design service.
Specialize in continental dispensary fittings.
Quality you can afford. Attractive leasing.

For further details

Tel: 0761 418941

SDC

Marketing

2a Hallatrow Road Paulton
Bristol Avon BS18 5LH



0626 • 834077

COMPREHENSIVE DESIGN, MANUFACTURE AND
INSTALLATION SERVICE FOR THE RETAIL PHARMACY
KING CHARLES BUSINESS PARK, OLD NEWTON ROAD,
HEATHFIELD, DEVON, TQ12 6UT

PIONEER SHOPFITTING

- SHELVING SYSTEMS
- FULL RANGE OF SHOPFITTING
- FAST COMPETITIVE QUOTES

(0202) 826436

17 LAKE ROAD, VERWOOD, DORSET BH31 6BL



D.E. Pharmaceuticals

40 TOP SELLING GENERICS LOW LOW PRICES

		OUR PRICE
500	Amoxycillin 250mg	13.95
100ml	Amoxycillin Syrup 125mg	0.59
100ml	Amoxycillin Syrup 250mg	0.95
500	Amoxycillin 250mg	13.95
28	Atanolol 50mg	0.79
28	Atanolol 100mg	1.40
100	Cephalexin 250mg Tablets & Capsules	8.95
100	Cephalexin 500mg Tablets & Capsules	17.50
60	Cimetidine 400mg	12.95
30	Cimetidine 800mg	12.95
100	Cocodamol Dispersible	2.20
500	Codydramol	4.95
100	Coproxamol oblong	0.69
28	Dothiapien 75mg	2.99
100	Flucloxacillin 250mg	4.25
1000	Frusemide 40mg	2.99
30g	Hydrocortisone cream 1%	0.44
250	Ibuprofen 400mg	2.20
100	Ibuprofen 600mg	2.20
100	Isorbide mononitrate 20mg	4.50
500ml	Lactulose	1.98
100	Metronidazole 400mg	1.79
250	Naproxen 250mg	6.35
100	Naproxen 500mg	4.95
1000	Prednisolone 5mg	4.95
60	Piroxicam 10mg	4.95
30	Piroxicam 20mg	4.95
1000	Penicillin 250mg Tablets	9.85
500	Quinine Sulphate 300mg	9.95
	Salbutamol Inhaler	0.90
100	Sodium Valproate 200mg	4.99
1000	Tamazepam Gelthix 10mg	15.95
500	Tamazepam Gelthix 20mg	13.95
30	Tamoxifen 10mg	1.79
30	Tamoxifen 20mg	2.99
30	Tamoxifen 40mg	13.65
100	Trimethoprim 200mg	1.45
1000	Thyroxine 50mcg	1.39
1000	Thyroxine 100mcg	1.49

24 HOUR DELIVERY SERVICE
NO MINIMUM QUANTITY NEEDED

TEL: 0661-835755 (Orders)

NATIONWIDE DELIVERY SERVICE

D.E. PHARMACEUTICALS, DERWENT HOUSE, PRUDHOE STATION,
PRUDHOE-ON-TYNE, NORTHUMBERLAND, NE42 6NP
ORDERS: TEL: 0661 835755. FAX: 0661 835839
ADMINISTRATION: TEL: 0661 852253

MAY SPECIAL OFFERS INCLUDING:



- ★ CAREFULLY SELECTED EC IMPORTED PHARMACEUTICALS
- ★ PRODUCT LIABILITY INSURANCE
- ★ OUR OWN 'EC' QUALIFIED PERSON TO SUPERVISE QUALITY CONTROL
- ★ DISTRIBUTION THROUGHOUT UK incl. N. IRELAND
- ★ ONE OF THE LARGEST PURCHASERS OF PI's IN EUROPE
- ★ HELPFUL ADVICE GIVEN TO UPDATE THE PHARMACIST
- ★ COMPETITIVE PRICES AND REGULAR MONTHLY OFFERS
- ★ MEMBER OF THE ASSOCIATION OF PHARMACEUTICAL IMPORTERS

E URIMPHARM LTD

UNIT A6, 83 COPERS COPE ROAD,
BECKENHAM, KENT, BR3 1NR.
TELEPHONE: 081-658 2255
TELEX: 263832; FAX: 081-658 8680



A1 SPECIAL OFFERS

- | | |
|---|----------------|
| ★ ORAL SYRINGES (DRUG TARIFF) | Discount/Bonus |
| ★ ANTI-SMOKING MINI-FILTERS & LOZENGES | 4 + 4 FREE |
| ★ B-D U100 MICROFINE IV SYRINGES 1ml and .5ml | 4 + 1 FREE |
| ★ AFFORDABLE WEEKLY & DAILY COMPLIANCE AIDS | Up to 20% |
| ★ STERILE DRESSING PACKS, SWABS + CREPE BANDAGES | 33%-40% |
| ★ ELECTRONIC BLOOD PRESSURE MONITORS + NEBULISERS | |

Ring in your order at our expense on:-

FREEPHONE 0800-252049

Special quotations for large quantities (Contact Gary)

AGENTS REQUIRED UK WIDE

A1 Pharmaceuticals, 7 Station Road, Penge, London SE20

STOCK WANTED

FIXTURES & FITTINGS

OLD SHOP FITTINGS WANTED

Particularly bow end display cabinets, drug runs, wall fittings. Complete shop interiors purchased. Will dismantle and remove.

CASH PAID.

PHONE: 0533 515460

SHOPFITTINGS

THE PROFESSIONAL PACKAGE
FOR THE
PROFESSIONAL PHARMACIST

NORDIA PHARMACY PLANNING
WITH OVER 25 YEARS EXPERIENCE



APPROVED

YORKLINE

SHOPFITTERS LTD.,
NORDIA HOUSE
SEACROFT INDUSTRIAL ESTATE
COAL ROAD
LEEDS LS17 7RH
Tel: 0532 323478 Fax: 0532 323348

DESIGN SERVICE · COMPLETE PACKAGE · NATIONWIDE SERVICE

Businesslink

A FREE Service for Chemist & Druggist Subscribers

LOCUMS

SPOSPORT, HANTS - Locum required for some Saturdays all day, or afternoons to suit. Tel: 0705 585944

JEFFIELD - Locum required for Saturday 27th June. Tel: 0742 644455 or 0742 553783.

SOUTH EAST ESSEX - Locum required for 2-4 days/half-days a week from June onwards. Tel: 0702 353416 evenings.

WIMBORNE - Regular pharmacist one day per week. Please phone (0892) 546565.

PHARMACISTS (PART TIME)

WIMBORNE AREA - Part-time pharmacist required for busy, modern pharmacy PMR and nursing homes. Flexible hours, approximately 20 hours per week. Tel: 0793 705322.

SITUATIONS WANTED

NORTH WEST ENGLAND, NORTH WALES, CHESHIRE, SHROPSHIRE - Experienced locum available May to September. Tel: 0978 840969 (24 hours). **TON AREA** - 25-mile radius of Bristol. Male pharmacist, 44 years, experienced locum available for days or weeks at a time now booking for October, November and December 1992 or beyond if wanted. Tel: 0272 865062.

EXCESS STOCK

X ZOLADEX INJ, 2 x Bard DT 1501MT, Convatec - 4 x S100, 3 x S351. All trade less 40% + VAT. Brack 0423 862117.

TRADE LESS 33% - Genotrophin 4.1u x 28 amps (expiry Dec '92). Tel: 0236 423497.

TRADE LESS 50% + VAT. 18 Sandimmun 100mg, 23 Sandimmun 50mg, 22 Sandimmun 25mg. Tel: 0709 584133

VARIOUS DRESSINGS, bandages, ostomy products, syringes, needles etc All at trade less 50% + VAT. Send for a list by fax - 0642 712930 or telephone 0642 710204.

TRADE LESS 40% - 1 x 90 tabs Arythmol 150mg, exp Oct '94 8 x 100 caps Nutrizym, exp Dec '93 to March '94, 68 caps Hydrea, exp Mar '96, 414 tabs Salazopyrin 500mg, exp Mar '95, 170

tabs Tegretol 400mg (PB), exp Dec '95, 1 x 28 tabs Lasilactone, exp Jul '94 44 tabs Provera 100mg, exp Mar '94 Telephone 061-430 2441.

ANTURAN 200MG, exp 8 '93, Lopressoremil 8 '93, Ronicol Timespan 11 '94, Pepcid 40mg 4 '94, Lodine 300mg 2 '93 Tel: 0702 203233.

MYOCRISIN 50MG 1 x 10, Denol 2 x 112, Celecol 2 x 28, Lentizol 25mg 1 x 50, Lentizol 50mg 1 x 50, Human Velosulin 7 x 10ml. Trade less 25% + VAT + postage. Tel: 071-701 1643.

TRADE LESS 50% - 193 Anquil, 200 Epanutin Infatabs, Ferrocontin x 120, Ossopon granules x 84, Ismelin 10mg x 205, Moditen 2.5mg x 100, Madopar disp. 62.5mg x 157, Surgam 200mg x 357 Tel: 0502 572603

80 PAIRS MAGNIVISION reading glasses. Assorted. £2 per pair + VAT + postage. Telephone: 0254 823278.

TRADE LESS 30% + VAT + postage. Surgicare System 2; a) Urostomy pouches 45mm S302 - 9 boxes; b) Stomahesive flanges 45mm S241 - 3 boxes. Hollister Ostomy non-reflux urostomy pouches 1438 - 2 boxes. Tel: 081-764 4812.

20 X URO-TAINER Chlorohexidine. Trade less 30% + VAT + postage, also went to buy any stock of Simpla S4 and Trident bags. Tel: 0702 75140.

TRADE LESS 50% + VAT. Phoenix stoma bags no 101427. Simplicity clear pouches 530260. Kombo colostomy pouches 501030. Hollister stoma pouches K S 6.4cm. Tel: 081-648 2112.

TRADE LESS 50% + postage. 84 Nolvadex 10mg, Ronicol Timespan x 100, Sustac 2.6 x 185, Ubetrid x 23, Dalacrin C caps x 33. 0502 572603.

FOR SALE

UNWANTED PRIZE - Brand new, boxed Royal Doulton crystal glasses, Diane style. Approx half retail price, £10 each. 6 each wine, sherry, whisky and champagne. Will split. Tel: 071-284 0010

TWO KLS tablet counters. Telephone 0977 553507

BMW 520i - Black, F-reg, 33K miles. Full service history at Ian Anthony's of Bolton. Full SE spec: alloys, togs, sun roof, hot locks etc. Beautiful car £12,000 ono. Tel: 061-799 7316 evenings or 0942 875989 at the shop.

ROTARY METAL REVOLVING STAND

Five feet high 30 inches diameter. Four full shelves divided and adjustable. Huge capacity. Cost £325 new. Price £150 + VAT. Buyer to collect. Tel: 0628 482241

VICHY STOCK for sale. Cost £1,100. The lot for £750. Tel: 0709 541318

PARK LABELLING SYSTEM - cassette drive, Epson RX80 printer, Sharp MZ700 computer. £150 + carriage. Tel: 0253 25760.

FOUR MOUNTAIN BICYCLES - Towns-end 12 gears Hedgehopper still wrapped (prize). Two ladies and two gents cost £250 accept £150 ono. Please phone 071-385 3585.

"AIR DRYER" DEHUMIDIFIER - Cost £280. Unused, still in box. Accept £100. Tel: 052473 2955.

APPLE CARD UNIT - 15-tier with drawers. 150 facings, excellent condition. Cost about £500 - will accept £100. Tel: 071-790 0625.

SANYO STEREO - 86" x 46" x 38" stacked record player, cassette deck, FM AM radio in units. Cassette needs some attention. £250 ono, also 82" x 41" euro bookcase. Tel: 081-561 4188

evenings or answerphone service day-time

GLASS COUNTER DISPLAY CASE - 72" x 36" x 20" with two adjustable shelves, solid ends. £98. Tel: 0509 890520

WANTED

HELP! CAN ANYONE using a computerised stock control ordering system advise on best software to use in busy retail orientated pharmacy (NOT required for dispensary). Telephone Frank Walker on 0228 21440 daytime or 0228 24848 evenings

PHARMACY REQUIRES Zofran, Savril, Sandimmun capsules 25mg, Sandimmun capsules 100mg. Any quantities. Tel: 081-882 1646

DISPENSARY BALANCE to weigh up to 1kg. Buyer will collect. Tel: 0432 256096.

HOLIDAY ACCOMMODATION

MOTOR HOME for hire, suit family. Competitive rates. Tel: 0742 745403 or fax, 0742 748116. Mr Archer

Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacy subscribers of Chemist & Druggist. No series, box numbers or trade advertisements will be permitted. Acceptance is at the discretion of the publishers and depends upon space being available. Send your proposed wording to "Business Link", Chemist & Druggist, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW. Include your name, the full name and address of your pharmacy, or your personal registration number, and a day-time telephone number. Alternatively, leave the details on our special answering service.

PHONE 24 HOURS ON 0732 359725

**FOR YOUR LAST MINUTE ADS,
PHONE UP TO 9AM WEDNESDAY**
(Publication will depend upon space availability)

**PLEASE MENTION "C&D BUSINESS LINK"
WHEN RESPONDING TO ADVERTISEMENTS
ON THIS PAGE.**

to: Business Link, Chemist & Druggist, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.

PLEASE COMPLETE IN BLOCK CAPITALS

urname

irst name

ersonal RPSGB Registration Number

elephone number

armacy stamp

Proposed advertisement copy (maximum 30 words)

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

To be included under section heading

Signed

Date

About people

Marathon attempt

Peter Farley, district pharmaceutical officer, West Birmingham Health Authority, was thwarted in his recent attempt to run the London marathon because of a last minute injury to his right knee.

Mr Farley, who had been in training for several months, reluctantly withdrew on medical advice only two weeks before the big day. He had hoped to raise money through sponsorship agreements with some of the companies who provide services to the West Birmingham hospital pharmacy service.

But on hearing his plight one of the sponsors, Cortex Computer Systems Ltd, felt that his hard work should not go unrewarded and gave him a charitable donation of £250. The money will benefit the Dabou Hospital in the Ivory Coast where Mr Farley worked for Voluntary Services Overseas.

Pharmacy opens after explosion

Thanks to the help of staff, customers and wholesalers, pharmacist Mike Smith has re-opened his pharmacy in Ivybridge, Devon, a week after it was almost destroyed by an explosion in the fish and chip shop next door.

The blast, and fire which followed, completely devastated one building and caused extensive damage to neighbouring properties in Fore Street. According to Mr Smith, the fish and chip shop collapsed through the back of his pharmacy, bringing down the walls and ceiling.

"We have been working virtually non-stop from 2am on the night of the explosion," he said. "Our main concern was to restore the service as soon as possible."

"Once the insurance company confirmed the property was safe, we opened as soon as we could, although we are operating from only two-thirds of the previous floor space."

He had nothing but praise for the support from his staff, local people, Unichem and the insurers. The police have arrested two men in connection with the explosion.



The Wellcome Foundation recently hosted the annual general meeting of the British Society for the History of Pharmacy. The event was attended by 26 members of the Society, and chaired by Bill Jackson (front row fourth from left)



Malcolm Suss (right) of Suss (Chemists) Ltd in Bolton, winner of the Thornton & Ross national window display competition, receives his prize of a weekend for two in New York from representative Tom Boardman

APPOINTMENTS

Robinson Healthcare have appointed **Mark Richardson** as divisional sales manager (northern) and **Jayne Crowther** as retail sales representative for the north west.

Virginia Bottomley, Secretary of State for Health, has appointed **Kate Jenkins** as a member of the NHS Policy Board.

Professor Chris Ham has been appointed policy advisor to the National Association of Health Authorities and Trusts (NAHATS) for a period of two years.

Terry Buckely, lately general manager of Pemberton Marketing, has been appointed to the board of Dublin based United Drug plc.

A five-strong sales team has been appointed by Mountain Breeze. UK sales manager is **Mike Harrison**, **Tim Burgoyne** takes charge of north of England accounts, **Adrian Birtwistle** is responsible for the South West, **Lloyd Barrett** is the Midlands representative and **Jackie Findley** is responsible for the Greater London area.

Lennart Aberg has been appointed managing director of Bayer plc, succeeding John Webb who will remain in the company as non-executive chairman. New to the board are **Dr Pol Bamelis** and **Jans Jurgen Mohr**.

Duma UK Ltd have appointed **Keith Haselwood** as director and general manager.

Numark have appointed former marketing assistant **Alan Platts** to the new post of junior product manager.

COMPARED TO THE MAJOR MULTIPLES WE'RE TOP OF THE POPS.



With own label Family Choice you're onto a winner. Not only do our competitive prices help you beat the leading brands, but they also give you more clout to take on the major multiples.

Family Choice

"Your first choice for great value"

You can offer your customers high quality

products at low prices and yet still maintain healthy margins.

What's more, our top selling lines are available with price mark or without, which definitely makes Family Choice the unbeatable choice.

BOOKER
CASH & CARRY

Products purchased in Tesco, Milton, Cambridge and Sainsbury, Coldhams Lane, Cambridge on 23rd March 1992
Tesco is the registered trade mark of Tesco Stores Ltd and Sainsbury is the registered trade mark of J Sainsbury plc

NEW TASTE



NEW NAME



NEW PACKS



SEE BOX FOR DETAILS.

The United Kingdom's number one soluble general pain killer is being re-launched on television. Backed with a one million pound advertising spend.

And as if that wasn't enough to give our competitors a headache, Disprin now has an improved taste.

Solmin is also being re-launched



as Disprin Direct, a unique chewable tablet you can take without water.

So now would be a good time to stock up with the Disprin range.

Because a new television advertisement from us is going to produce new customers for you.

RECKITT & COLMAN
PRODUCT

DISPRIN AND THE SWORD AND CIRCLE ARE REGISTERED TRADEMARKS.